



BENTON COUNTY
MULTIDISCIPLINARY CHILD ABUSE
INTERVENTION
PROTOCOLS

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**BENTON COUNTY MULTIDISCIPLINARY CHILD ABUSE INTERVENTION
Protocols**

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FOREWORD

THE BENTON COUNTY CHILD ABUSE INTERVENTION PROTOCOLS ARE THE RESULT OF A COLLABORATION AMONG OUR LOCAL MULTIDISCIPLINARY TEAM MEMBERS AND ARE BASED ON THE CAMI PROGRAM MODEL PROTOCOLS. THE MULTIDISCIPLINARY TEAM (MDT) MEMBERS RECOGNIZE THAT THESE PROTOCOLS ARE INTENDED TO SERVE AS GUIDELINES, NOT TO SUPERSEDE PROFESSIONAL DISCRETION. NUANCES IN ANY CHILD ABUSE INVESTIGATION CAN NECESSITATE UNIQUE INTERACTIONS. EACH AGENCY'S PARTICIPATION SHALL BE CONSISTENT WITH ITS STATUTORY OBLIGATIONS, INTERNAL POLICY REQUIREMENTS, AND THE BEST INTEREST OF THE CHILD VICTIMS.

THESE PROTOCOLS ARE A LIVING DOCUMENT WHICH WILL BE REVIEWED AND REVISED BY THE TEAM AT A MINIMUM OF EVERY TWO YEARS TO ENSURE THE BEST AND MOST COMPLETE CHILD ABUSE INTERVENTIONS POSSIBLE.

BENTON CHILD ABUSE MULTIDISCIPLINARY TEAM INTERVENTION PROTOCOLS

MISSION STATEMENT

The mission of the Benton County MDT is to bring together agencies to work collaboratively on the issue of child abuse in an effort to protect and best serve the needs of child victims and their families.

STATUTORY PURPOSE

The purpose of ORS 418.747 to 418.796 is to establish and maintain a county multidisciplinary team and protocols for timely investigations of allegations of child abuse and provide comprehensive services to victims of child abuse through collaborative, coordinated response.

MDT ORGANIZATION

Benton County Child Abuse MDT:

ORS 418.747(1) states:

“The district attorney in each county shall be responsible for developing county child abuse multidisciplinary teams to consist of but not be limited to law enforcement personnel, Department of Human Services child protective service workers, school officials, local health department personnel, county mental health department personnel who have experience with children and family mental health issues, child abuse intervention center workers, if available, and juvenile department representatives, as well as others specially trained in child abuse, child sexual abuse and rape of children investigation.”

Pursuant to this statute, the Benton County Child Abuse MDT includes the directors/heads of the following departments and agencies or their designees:

- District Attorney’s Office
- Corvallis Police Department
- Benton County Sheriff’s Office
- Philomath Police Department
- Albany Police Department
- Oregon State University Police Department
- Oregon State Police
- Oregon Department of Human Services—Child Protective Services
- Corvallis School District
- County Health Department
- County Mental Health
- Child Advocacy Center
- Juvenile Department

The MDT sets policy, reviews performance, allocates resources and resolves interagency issues. The District Attorney shall be the Chair of the MDT and shall designate an MDT Coordinator. The MDT shall meet at least once annually to discuss administrative matters, training opportunities, protocol reviews, and other matters.

CART Committee:

The Child Abuse Response Team (CART) is the Benton County case review team that operates at the direction of the Benton County Child Abuse MDT. CART consists of assigned investigators and personnel from the agencies set forth above in the Benton County Child Abuse MDT. Additionally, CART may invite other representatives of public and private organizations that provide educational, therapeutic, advocacy or support services for child abuse victims and their families. Such additional CART attendees may include but are not limited to: Court Appointed Special Advocate (CASA); ODHS Office of Training Investigation and Safety

(OTIS); Oregon Department of Justice Child Advocacy & Protection Division (ODOJ); other medical professionals and staff; and representatives from other school districts in Benton County.

CART's duties and functions include but are not limited to:

- Meet weekly for case reviews.
- Coordinate investigative assignments and activities as necessary.
- Provide an expert forum to discuss cases involving child abuse, neglect, and maltreatment.
- Ensure a collaborative response to the investigation of all child abuse reports.
- Ensure compliance with proper protocols through case reviews
- Report periodically to the MDT.

The DA has designated an assigned DDA as the Chair and Coordinator of the CART.

Children's Advocacy Center: In Benton County, the Children's Advocacy Center is the ABC House. ABC House is represented in MDT and CART. ABC House is an important participant on both teams and is committed to the MDT and community partners.

MULTIDISCIPLINARY TEAM (NCA Standard 1)

An MDT is a group of professionals from specific, distinct disciplines that collaborates from the point of report and throughout a child and family's involvement with the investigation and/or prosecution or a report of child abuse. MDTs coordinate investigations and service delivery to mitigate potential trauma to children and families, to maintain communication and transparency, to foster trust, and to help optimize a quality response overall, while preserving and respecting the rights of the clients, and the mandates and obligations of each agency. Benton County's MDT for responding to child abuse allegations includes representation from the following:

1. County District Attorney's Office (Chair)
2. Law Enforcement Agencies (LEA)
3. Oregon Department of Human Services (ODHS)
4. Oregon Department of Justice (DOJ)
5. Medical
6. Mental Health
7. Victim Advocacy
8. Children's Advocacy Center
9. Public Health
10. County Mental Health
11. School Officials
12. Juvenile Department

Benton County MDT and CART coordinate intervention to reduce potential trauma to children and families and improve services overall, while preserving and respecting the rights, mandates and obligations of each agency.

All MDT representatives contribute their knowledge, experience, and expertise for a coordinated, comprehensive, compassionate, and professional response by the team. Quality assurance, including a review of the effectiveness of the collaborative efforts, is also critical to the MDT response.

An MDT response fosters needed education, support, and treatment for children and families. Such a response can enhance a victim or survivor's ability and willingness to participate as a witness in the criminal justice system. In addition, parents and caregivers are empowered to protect and support their child throughout the investigation, prosecution, and beyond. MDT interventions in a neutral, child-focused CAC setting are associated with less anxiety, fewer interviews, and appropriate, timely referrals to needed services.

An MDT Coordinator/Facilitator coordinates and facilitates the day-to-day information sharing and activities of the MDT. The MDT facilitator/coordinator completes training that includes a minimum of eight hours of instruction in team facilitation to ensure a fully inclusive and participatory process that will ultimately benefit the child client.

Examples of training topics could include:

1. Developing and maintaining relationships with and among MDT members

2. Defining roles and responsibilities of team members
3. Defining mission, vision, and values of the MDT
4. Managing change and turnover on the MDT
5. Navigating and resolving conflict
6. Knowledge of evidence-informed team development models
7. Facilitating shared decision-making
8. Ensuring adherence to MDT agreements and protocols
9. Understanding of the various meeting structures that support effective teams
10. Facilitating effective communication processes
11. Creating psychological safety
12. Training in implicit bias and how it impacts the MDT
13. Building resilience for the MDT

The designated MDT facilitator must also demonstrate participation in continued education in the field of child maltreatment and/or facilitation for a minimum of eight contact hours every two years.

Pursuant to ORS 418.747(3), each team member and the personnel conducting child abuse investigations and interviews of child abuse victims shall be trained in risk assessment, the dynamics of child abuse, child sexual abuse and rape of children, and forensic interviewing.

The MDT has a written interagency agreement signed by authorized representatives of all MDT agencies as listed above that clearly commits the signed parties to its collaborative multidisciplinary response to reports of child abuse and the needs of children and families it serves. The interagency agreement is signed by all above listed disciplines.

Written protocols and/or guidelines address the functions of CART, the roles and responsibilities of each discipline including the role of the CART facilitator/coordinator, and their interaction with the CAC throughout the life of the case. Protocols are developed with input from CART and the MDT, updated and signed by all MDT partner agencies at least every two years. The protocols should be reviewed annually and updated as needed to reflect current practice between two-year signing cycles.

The active involvement and commitment of each agency's leaders and MDT members is critical to ensure that the policies and procedures by which investigations are conducted and services provided are consistently followed.

All core members of the MDT, including appropriate CAC staff, are routinely and actively involved in investigations, case management and/or MDT interventions throughout the life of the criminal case. The purpose of multidisciplinary involvement for all interventions is to ensure that the unique needs of children and families are assessed and addressed. Multidisciplinary involvement allows for informed decision-making to occur at all stages of the case, so that children and families benefit optimally from a coordinated response.

Multidisciplinary intervention begins at initial disclosure or report and includes, but is not limited to, child protection and/or law enforcement response, forensic interviews, pre- and post-interview meetings, consultations, advocacy, and medical and mental health services.

MDT members participate in effective information sharing that is consistent with legal, ethical, and professional standards of practice and ensures the timely exchange of case information within the MDT. Regular and effective communication minimizes duplicative efforts, enhances decision-making, and maximizes the opportunity for children and caretakers to receive the services they need.

All MDT members as well as staff and volunteers of MDT member organizations, must adhere to the legal, ethical, and professional standard of practice in their field with regard to confidentiality, specific to their discipline, to include the Health Information Portability and Accountability Act (HIPAA) that govern this practice. Each CART case review meeting includes reading a confidentiality statement which is agreed to by all participants. The statement reads: “CART Meetings are confidential and not subject to public meetings law per ORS 418.747 and ORS 192.690. To assure a coordinated response that fully addresses all systemic concerns surrounding child abuse, CART members and guests may need to share confidential information about children and families. With this purpose in mind, I agree that all information disclosed and received during the CART review will remain confidential and will only be disclosed when necessary to carry out the purposes of the child abuse investigation or as is otherwise required by law.”]

The CAC provides routine opportunities, both formal and informal, for MDT members to give feedback and suggestions regarding procedures or operations of Benton County MDT. The MDT utilizes the Outcome Measurement Survey tool. The MDT fosters opportunities for open communication to create an atmosphere of trust and respect and to enable MDT members to share ideas and raise concerns. Such feedback can be provided at weekly CART meetings as well as at the annual MDT meeting.

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The MDT annually provides or facilitates relevant training or other educational opportunities focused on issues relevant to investigation, prosecution, and service provision for children and families. The MDT coordinator documents MDT member participation in annual professional development. Ongoing learning is critical to the successful operation of the MDT. The MDT identifies and/or provides relevant educational opportunities for MDT members that include topics to enhance the skills of MDT members, are cross-discipline in nature, and are MDT-focused.

DIVERSITY, EQUITY AND ACCESS (NCA Standard 2)

The MDT provides culturally responsive services for all CAC clients throughout the duration of the case.

Cultural responsiveness is the ability to understand and consider different cultural backgrounds of children and families. Cultural responsiveness requires the ability to appreciate, understand, and interact with members of diverse populations within the local community. Cultural responsiveness is a fundamental component of the MDT and is as central to its operation as developmentally appropriate, child friendly practice. Like developmental considerations, cultural norms influence nearly every aspect of working with children and families, such as welcoming a child and family to the center, employing effective forensic interviewing techniques, assessing the likelihood of abuse, selecting appropriate mental health providers, and securing services that are relevant and accessible to a child and family. To effectively meet clients' needs, MDT partners must be willing and able to understand the clients' worldviews, adapt practices as needed, and offer assistance in a manner in which it can be utilized. Striving towards cultural competence is an important, and ongoing endeavor and an integral part of the MDT's functioning.

The ABC House, in partnership with the MDT conducts a community assessment at a minimum of every 3 years, which includes:

1. Community demographics
2. CAC client demographics
3. Analysis of disparities between these populations
4. Methods the CAC utilizes to identify and address gaps in services
5. Strategies for outreach to un- or underserved communities with identified disparities
6. A method to monitor the effectiveness of outreach and intervention strategies.

The MDT ensures that provisions are made for non-English speaking and deaf or hard of hearing children and their family members throughout the investigation, intervention, and case management processes.

Each agency commits to efforts to continue to diversify their workforce with trained and qualified bilingual workers, while also making available other interpretive services to ensure each family served by the Benton County MDT will be served appropriately. For instance, the ABC house has bilingual staff (English-Spanish) for intake, scheduling, and examination. Interpreters are present during forensic interviews when necessary. This also includes deaf or hard of hearing children and family members. Similar provisions are made by other MDT partners.

ABC House services are accessible and tailored to meet the various individualized and unique needs of children and families regarding culture, development, and special needs throughout the investigation, intervention, and case management processes.

ABC House endeavors to increase diversity amongst staff, inclusive of multicultural and bilingual professionals. ABC House will continue to prioritize having qualified interpreters readily available to ensure each non-English speaking family is aptly served.

The CAC values Diversity, Equity, and Inclusion (DEI) and requires CAC staff to participate in DEI training a minimum of eight hours every two years, and annually provides MDT members access to DEI training and information. The CAC documents training opportunities and MDT participation.

Examples of training topics could include:

1. Implicit bias
2. Microaggressions
3. Organizational learning
4. Building a culture of inclusion
5. Reducing disparities in services

LAW ENFORCEMENT AND CHILD PROTECTIVE SERVICES INVESTIGATIONS

Investigation Overview: When a criminal investigation occurs, the role of law enforcement and the Department of Human Services Child Welfare is to provide a legally sound, child-sensitive investigation into whether abuse or neglect has occurred, and to gather other evidence and perform other responsibilities in accordance with agency guidelines and interagency agreements.

Mandatory Reporters: The MDT recognizes that an important step in reducing child abuse depends upon mandatory reporters' abilities to recognize, document and report child abuse. The MDT will provide assistance and education to mandatory reporters in order to facilitate their duties. Mandatory reporters must report any time they have reasonable cause to believe any child they come in contact with has suffered abuse. Mandatory reporters also must report if they have reasonable cause to believe any person they come in contact with has abused a child. This is a 24/7 duty. The report must be made immediately. This requirement applies whether the abuse is observed during work activities or on personal time. Reports must be made either to the Oregon Child Abuse Hotline at 855-503-SAFE (7233) or to a local law enforcement agency. The law that applies is ORS 419B.005 to 419B.045 and ORS 418.257. For additional information, see the video and guide: [Mandatory Reporting of Child Abuse](#).

Cross Reporting Between Law Enforcement Agency (LEA) and Department of Human Services (ODHS):

The Department of Human Services and Law Enforcement Agencies are required by ORS 419B.015 <http://www.oregonlaws.org/ors/419B.015>, to notify each other when a report of child abuse, as defined in ORS 419B.005, <http://www.oregonlaws.org/ors/419B.005>, is received.

Who is Required to Cross Report and to Whom?

- When a report of child abuse is received by a ODHS screener, the screener must cross report to a LEA in the county where the alleged abuse occurred. If the county where the alleged abuse occurred is unknown, then cross report to the LEA in the county where the alleged victim resides. If the county where the alleged victim resides is unknown, then cross report to the LEA in the county where the reporter made contact with the alleged victim or the alleged perpetrator.
http://www.ODHS.state.or.us/policy/childwelfare/manual_1/division_15.pdf
- When a report of child abuse is received by a LEA, the LEA must cross report to the Oregon Child Abuse Hotline.

Cross Reporting by ODHS:

Same Day:

1. Moderate to Severe Physical Abuse;
2. Visible injuries to the child;
3. Sexual Abuse; or
4. Suspicious or unexpected death of a child

ODHS must cross report to LEA on the same day the screener determines a report of alleged child abuse requires an immediate response by the Department and/or immediate notification to LEA.

Same day cross reports must be reported via:

1. Verbal communication
2. Electronic transmission
3. Hand Delivery

*If a report is made verbally and ODHS and LEA do not respond together, ODHS must send a completed screening report to LEA.

No later than 10 days:

All Other reports of child abuse, including those assigned for a ODHS assessment and those closed at screening, must be cross reported to LEA and received by LEA no later than 10 days after ODHS receives the report. The 10-day cross reports must be reported via:

1. Electronic Transmission
2. Hand Delivery
3. Mail

Supplemental cross reports by ODHS:

ODHS may receive information not previously cross reported that apparently relates to the report of abuse that was cross reported regarding the same victim and alleged perpetrator. If the information relates to the same incident, ODHS must make a supplemental cross report to each LEA that received the previous cross report. If the information is determined to be critical to the original cross report, it must be cross reported immediately. All other information must be cross reported no later than 10 days after the information was received.

Cross Reporting by LEA:

Same Day/Immediate:

LEA must immediately verbally cross report to the local ODHS office when LEA determines that a report of abuse requires a joint immediate response.

Next Business Day:

LEA must cross report all other reports of abuse no later than the end of the next business day after receiving the report. The cross report to ODHS may be reported via:

1. Verbal report
2. Electronic transmission
3. Hand delivery

Response:

- Investigators shall be those persons designated by the Department of Human Services (ODHS) and the Law Enforcement Agency (LEA) having jurisdiction.
- All investigations on child abuse cases shall be conducted in accordance with the provisions of ORS 418.747 (1). <http://www.oregonlaws.org/ors/418.747>
- LEA shall respond 24 hours a day, as appropriate, and shall refer cases to trained child abuse investigators whenever possible.
- LEA and ODHS Investigations and assessments shall be completed concurrently or jointly, as necessary.

- When both ODHS and LEA intend to conduct an investigation, whenever possible they should coordinate their efforts, including but not limited to:
 - *Child interviews.* Child interviews should be conducted by specially trained investigators in a safe and non-threatening environment. The interviews should be recorded. The unique circumstances of individual cases may require different procedures, but such exceptions may later be reviewed in CART case reviews. MDT partners should make every reasonable effort, consistent with the circumstances of the case, to limit the number of times a child is interviewed.
- Either ODHS or LEA can act alone by mutual agreement or when necessary to protect a child or to preserve evidence. If an agency is required to act alone, it shall notify the other agency as soon as possible. Factors affecting the urgency of a case include, but are not limited to:
 - Nature of the abuse.
 - Safety of the child and whether the child's caregiver is capable of protecting the child from further abuse.
 - Whether the abuser has continued access to the child.
 - Preservation of evidence.
- Response priority is determined by the apparent or potential risk of psychological, physical, or sexual harm or neglect to the children. The response priority is determined on a case-by-case basis. ODHS's response priority shall comply with their rules, policies and procedures.
- The ODHS worker must, in consultation with a ODHS supervisor, determine whether to coordinate assessment activities with LEA in the following situations:
 - Presence of danger: When the ODHS worker has information that indicates that the child is currently unsafe.
 - Uncooperative Family: When the ODHS worker has information that the family may not allow the ODHS worker to observe the alleged victim or other children in the home.
 - Child to be placed in protective custody: When the ODHS worker has information that a child may need to be placed into protective custody.
 - Child interview: When the ODHS worker and the LEA officer must each interview a child, it is preferable to coordinate the interviews to reduce the number of interactions with the child.
 - Worker safety: When the ODHS worker has information that indicates the family behavior, circumstances, or situation could pose a danger to the ODHS worker.
 - Crime committed: When the ODHS worker suspects or receives a report that a crime may have been committed.
- LEA shall contact ODHS regarding removal of a child.

Conduct of Investigation:

- The complaint will be received by ODHS or any LEA. Each agency shall cross report as outlined above.
- Interview of the person reporting child abuse, neglect or maltreatment:
 - Whenever possible, this should be conducted in a private setting.
 - The interviewer should attempt to document:

- Date of birth, name, address and phone numbers (work and home) of all persons mentioned.
- What the child said happened.
- Additional statements of the child and questions asked of the child by the reporting party.
- The circumstances in which the child made the disclosure.
- Name(s) of anyone else to whom the child has disclosed.
- Any injuries, marks, irritations seen.
- Where and when child said the offense took place.
- Names of other children in the setting in which the abuse is alleged to have occurred.
- Marital status of the child's parents.
- Name(s) of anyone else who lives or stays in the child's home.
- Anyone else who has regular contact with the child (friends, relatives, childcare providers).
- Names of other children the alleged offender has contact with.
- List any possible evidence in the case, such as photos, sex devices, pornography, semen, bloodstains, etc.
- Awareness of prior history of abuse in this child, family, setting or perpetrator through criminal history checks and DHS records.
- LEA should secure any documentation or physical evidence offered to them.
- LEA or DHS should interview other available witnesses, including but not limited to: daycare providers, relatives, neighbors, teachers, other children in the setting, and physicians to gather accurate and complete information.
- In cases of physical abuse or neglect, LEA and/or ODHS should observe the child and follow the protocols for Karly's Law and/or physical abuse cases.
- See later in these protocols for additional information on the child's forensic interview.

Victim Interview

- Duplication of interviews should be avoided when possible.
- Age-appropriate interview techniques and tools should be used by the investigator to facilitate communication with the child consistent with legally accepted standards and the Oregon Interviewing Guidelines.
- Interviews should occur in a neutral, non-threatening environment.
- If a school is the site of an interview, the investigator may make prior arrangements with school administration or a person in charge. Person(s) present during the interview shall be determined by the investigator. School officials cannot interfere with the interview process and do not have a legal right to be present (in fact, there may be confidentiality concerns that require exclusion of school officials). A school administrator or staff member may not notify any person, including a parent or guardian of an investigation being conducted on school premises. See ORS 419B.045 (Investigation Conducted on School Premises).
- Investigators may wish to obtain a release of medical records from a parent or guardian when possible, so long as notice to the parent will not jeopardize child safety. See OAR 413-015-0420(2).

Suspect Interview by Law Enforcement

- The suspect should be interviewed by LEA as soon as possible, while also ensuring that it is conducted at a time and under circumstances that will further the investigation and not jeopardize other aspects of the investigation. The child's wellbeing and safety shall be critical factors in determining how and when to interview the suspect.
- The objective of the interview will be to further investigate the allegations.
- The investigator should conduct the interview in a manner that will be admissible in court.
- When appropriate, the interview should be video and/or audio recorded.
- ODHS may make contact with the suspect as needed to establish a safety plan or to determine the need for protective custody. This contact is ideally coordinated with LEA.

Reports

- LEA will prepare and forward completed reports to the DA's Office, ODHS, and, when appropriate, the Juvenile Department.
- The report will address, to the extent known, all elements of the alleged crime.
- LEA will consult with the DA's Office before issuing a press release, factoring in community safety, the likelihood of additional victims, and the privacy of the victim(s). Information that would identify the victim will be withheld.

District Attorney's Office

A representative from the DA's Office will be available for telephone consultation 24 hours a day to consult with LEAs. The On-call Deputy District Attorney can be reached by contacting Dispatch.

Investigation Considerations

Investigation strategies shall be determined considering the following:

- need to intervene for the child's immediate protection;
- need to preserve evidence;
- logistics of victim, witness, and suspect interviews (e.g., time, place)
- need to re-contact and interview the complainant.

Specific Case Type Considerations:

Sexual Abuse Cases: It is best practice to seek a forensic medical examination if the sexual abuse is reported within 120 hours of the incident (See the U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach, page 17: <https://www.ncjrs.gov/pdffiles1/nij/250384.pdf>). It is vital that the examination occur as soon as possible to improve the chances of collecting evidence. In such cases, the Benton County Designated Medical Professional (DMP) should be notified immediately. The DMP can be reached at 541-926-2203 Monday – Friday 8:30am-5:00pm, or afterhours at 541-936-7445. If the sexual abuse happened more than 120 hours prior to the report, referrals for medical services should still be sent to ABC House intake.

Child Sex Trafficking and Commercial Sexual Exploitation of Children (CSEC) Cases:

Generally, the procedures outlined for sexual abuse cases apply to Child Sex Trafficking and CSEC cases. Given the complicated and diverse nature of these cases, there may be a need to deviate from the guidelines when necessary on a case-by-case basis using professional discretion and upon consultation where appropriate.

Physical Abuse Cases: If a person conducting an investigation under ORS 419B.020 observes a child who has suffered a suspicious physical injury and the person **is certain or** has a reasonable suspicion that the injury **is or** may be the result of abuse, **the specific provision of** Karly's Law (ORS 419B.023) is triggered. At that point, the investigator shall immediately photograph or cause to have photographed the suspicious physical injury/injuries in accordance with ORS 419B.028 and the child must receive a medical evaluation within 48 hours from the county DMP. (see Karly's Law protocol later in this document).

Drug Endangered Children Cases: When there is reason to believe a child has been exposed to dangerous chemicals such as those found in a chemical drug lab or other harmful environment, the investigator shall make arrangements to have the child tested for chemical exposure to harmful substances as soon as possible and not later than 24 hours after learning of the exposure. Refer to the Drug Endangered Children (DEC) Protocol if a child is found in an environment where methamphetamine, opioids and/or other illegal substances are produced, sold, or consumed. (see DEC protocol later in this document).

Child Care Facility: If the alleged abuse occurred at a childcare facility, ODHS or LEA will notify, when appropriate, the parents or guardians of all children attending the facility to discuss the concerns and the ongoing investigation. ODHS and LEA will also jointly notify the Office of Child Care if the facility is licensed through the state. ODHS's notification and investigation shall comply with their rules, policies and procedures (ORS 418.747(2)(e), OAR 413-015-0520 to OAR 413-015-0565 and OAR 413-015-0601 to 413-015-0608).

Suspicious/Unexpected Child Death Cases: In the event of a suspicious or unexpected child death, LEA will contact a representative from the DA's Office immediately. LEA shall notify ODHS of all unexpected or suspicious child deaths. LEA and/or ODHS shall notify the county DMP of any suspicious unexplained or unexpected child hospitalization or child death.

CRIMINAL PROSECUTION OF CHILD ABUSE CASES

Pre-filing Investigation

- Investigation of child abuse cases is done by members of CART and other agents in their respective organizations.
- Collaboration between investigating parties is encouraged.
- The DA's Office has general authority to direct an investigation that may lead to criminal charges.
- LEA advises the DA's Office as to the nature and status of the investigation.
- LEA may consult with the DA's Office regarding any special problems that arise during the investigation.
- Investigations should, in general, be conducted in accordance with these guidelines and with any applicable protocols of the investigating agency.
- LEA should cooperate in obtaining additional evidence, when appropriate, at the direction of the DA's Office.
- The DA will consider any information provided by ODHS, LEA, and the child's family.
- ODHS should cooperate fully with the DA's Office in providing records for discovery purposes in accordance with state and federal confidentiality laws.

Initiation of Criminal Proceedings

- The DA's Office has sole discretionary responsibility for the initiation of criminal proceedings.
- The DA's Office will make every effort to collect all available information from ODHS and LEA prior to deciding whether or not to prosecute. The decision will be based on all available information from those and/or other agencies and individuals.
- The DA's Office may request additional investigation from LE, including additional contact with the child and the child's family, as deemed necessary.
- The DA's Office may suggest, when appropriate, other avenues of investigation prior to declining prosecution.
- It may be necessary for the DA to meet with the child to assess competency.
- The DA will consider the case and determine whether or not charges will be filed.

If prosecution is declined:

- The DA's Office agrees to provide to LEA a written statement of why prosecution was declined.
- The DA's Office may reevaluate a case for prosecution at their sole discretion.

If prosecution is accepted:

- The DA's Office has the sole responsibility for the determination of appropriate charges to file and/or submit to the Grand Jury for consideration.
- This responsibility is independent of whether or not the suspect was arrested and what, if any, charges were the basis of arrest.
- The DA shall pursue justice through the truth at all stages of the prosecution.

Grand Jury:

- When necessary, the victim may be called to testify.

- It is important that the victim and victim's family understand that any video recorded interview at ABC House at times may not be able to be used in lieu of live testimony.
- Absent a court order, no persons besides the DA (and an interpreter if necessary) shall accompany a child victim or witness in the Grand Jury room while the child is testifying before the Grand Jury.
- If ODHS has legal custody of the child victim or witness:
 - The DA will notify ODHS of the Grand Jury date and time.
 - If the child is in the physical custody of a parent or relative or in non-relative foster care, the DA should also notify the physical custodian.
 - The caseworker will need to facilitate attendance of the child and arrange transportation.
 - A caseworker should ensure the child is present at the DA's Office in a timely manner in order to facilitate pre-Grand Jury meeting with the DA.
 - The caseworker may attend the meetings with the child at the DA's discretion.
 - The DA shall personally accompany the child witnesses and victims to and from the Grand Jury room.
 - The DA may advise the child, supportive family members, and concerned agency persons of the outcome of Grand Jury proceedings, as allowed by law.

Criminal Trials

- Presentation of the State's case is the responsibility of the DA.
- Evidentiary considerations are the responsibility of the DA.
- The DA will determine the ability and competency of any child witness to testify at trial.
- All CART members shall fully coordinate and cooperate with the trial proceedings.
- In most circumstances, the child victim will be required to testify at trial. The DA's office will consider the child in determining how to notify the child about appearance at trial.
- If the child is in the legal custody of ODHS, the DA and ODHS will coordinate the child's appearance at trial.
- All witnesses are prepared for trial by and at the direction of the DA. This includes ODHS and LEA representatives.
- The DA's Office will contact ODHS or parent(s) as appropriate to arrange for preparation of child witnesses and child victims.
- The DA and ODHS or victim assistance staff will help determine support persons available for the child, non-offending parent or guardian, and other witnesses, which may include the child's therapist.
- The DA, victim assistance staff, and other support persons will work with the child victim to prepare the witness for testifying.
- If the child victim or child witness is in the legal custody of ODHS, the DA's Office should consult with ODHS about the child's needs, including support, preparation for testimony, and transportation.
- ODHS and victim assistance staff may help with meeting any special needs of the child victim (or non-offending parent/guardian and other testifying witnesses).

Juvenile Court Proceedings - Dependency Cases:

- ODHS may determine through the course of an assessment that legal intervention through the dependency system is warranted.

- ODHS may consult with the DOJ during any part of the assessment for legal advice.
- DOJ will provide legal advice on a case-by-case base after a staffing scheduled during business hours. This staffing and advice is protected by attorney-client privilege.
- If legal intervention through the dependency system is warranted, ODHS and DOJ will follow established protocols to initiate a juvenile court proceeding pursuant to ORS 419B.100.
- At all hearings where ODHS has either protective custody or legal custody, the DOJ will represent ODHS.
- The county DA's office and the Juvenile Department are parties in every dependency case and are entitled to all the rights and obligations that come with being a party. Generally, the Benton County DA's Office and Juvenile Department waive participation in dependency and termination of parental rights cases, except in cases where they expressly assert participation and party rights.
- ODHS, DOJ and the county DA's office should work collaboratively to protect the child through the dependency and criminal systems. Collaboration may involve sharing information about pending and ongoing ODHS and LEA investigations, as well as the status of any criminal proceeding. Each system has different obligations and goals and when the requirements of each system are in opposition, the safety and wellbeing of the child shall be of paramount concern.
- Under Oregon law, any person may file a petition.

FORENSIC INTERVIEW (NCA Standard 3)

Forensic interviews are coordinated to avoid duplicative interviewing and are conducted in a manner that is developmentally and culturally sensitive, legally sound and of a neutral and unbiased fact-finding nature. It is best practice for child abuse forensic interviews to be conducted at the local CAC whenever possible. The purpose of a forensic interview is to obtain information from a child about abuse allegations that will support accurate and fair decision making by the MDT within the criminal justice, child protection, and service delivery systems. When a child is unable or unwilling to provide information regarding any concern about abuse, other interventions to assess the child's experience and safety are required.

Forensic interviewers adhere to the NCA-approved, research-supported, Oregon Child Forensic Interviewer Training (OCFIT), which is based on the DOJ approved Oregon Interviewing Guidelines (OIGs). The OIGs serve as the basis for statewide training and offer interviewers information and insights to help them conduct skilled, professional, developmentally appropriate, and culturally sensitive interviews with children. However, it should not be taken as a dictate from the state or mandate from any agency that every interview in Oregon must follow this format. While the OIGs can serve as a unifying document to foster statewide consistency in interviewing, it is recognized that nuances in any child abuse investigation can necessitate unique interactions that might not be covered in the OIGs.

Ideally, forensic interviews should be conducted in a child-friendly atmosphere, such as a Children's Advocacy Center. In the event that the CAC is not available or circumstances do not permit referring to the CAC, other neutral interview locations include the child's school, after-school program, non-offending parent home, etc. A neutral, child-friendly interview environment enhances free recall, minimizes interviewer influence, and gathers information needed by all the MDT members in order to avoid duplication of the interview process.

Forensic interviews are provided by ABC House staff with specialized training in conducting forensic interviews.

All forensic interviewer(s) conducting forensic interviews at ABC House at a minimum must have their first two ABC House interviews observed by other trained staff interviewers and participate in two peer reviews annually (including submitting one interview for review/feedback).

All forensic interviewer(s) must participate in ongoing education in the field of child maltreatment and/or forensic interviewing consisting of a minimum of 8 contact hours every 2 years in compliance with ORS 419B.021 <http://www.oregonlaws.org/ors/419B.021>. The NCA approved Oregon Child Forensic Interview Training (OCFIT) or another NCA approved Forensic Interviewer training should include the following elements:

1. Minimum of 32 hours of instruction and practice
2. Evidence-supported interview protocol
3. Pre- and post-testing that reflects understanding of the principles of legally sound interviewing

4. Content that includes: child development, question design, implementation of protocol, dynamics of abuse, disclosure process, cultural competency, and suggestibility
5. Practice opportunities with a standardized evaluation process
6. Required reading of current articles specific to the practice of forensic interviewing.

Individuals with forensic interviewing responsibilities at ABC House must participate in ongoing education in the field of child maltreatment and/or forensic interviewing consisting of a minimum of 8 contact hours every 2 years.

MDT Protocols:

1. **Case acceptance criteria:** LEA and ODHS will notify ABC House intake of the pending referral by phone or email. ABC House and MDT members will consider the following when making scheduling decisions for a forensic interview
 - a. Age/developmental status of the child
 - b. Urgency and acuity
 - c. Perpetrator access
 - d. Number of previous interviews
 - e. Nature and source of the disclosure

ABC House and MDT members triage referred cases for acceptance and timing of services. Cases are prioritized based on the emergent nature of the child's needs and the circumstances of the case.

Forensic Interviews may be recommended in the following types of investigations if appropriate when considering the factors above:

- a. Sexual abuse, physical abuse, child neglect, threat of harm.
 - b. When the child is a witness to a violent act or believed to be a witness.
 - c. When the child's sibling(s) are believed to be the victims of abuse or neglect.
2. **Criteria for choosing an appropriately trained interviewer (for a specific case):** The forensic interviewer shall meet the minimum qualifications outlined previously in this section. Further, ABC House and the referring agency will consider the circumstances presented in each individual case, including cultural issues and language barriers. It is preferable for children to be interviewed in their first language when possible.
3. **Personnel expected to attend/observe the interview:** Law Enforcement and ODHS should observe the forensic interview if they are involved in the case. Participation from these investigative agencies is critical to the forensic interview (pre-interview, during the interview, and post-interview). The referring agency should arrive at ABC House prior to the interview to share preliminary information and to discuss how the interview will be handled. The referring parties watch the interview from the monitoring room. At an appropriate time during the interview, the interviewer shall take a break to confer with the detective and/or case worker. At the completion of the interview, the investigators, interviewer, and ABC House medical provider (when applicable) may meet to discuss the content of the interview and review recommendations for the child and family.

- 4. Preparation, information sharing and communication between the MDT and the forensic interviewer:** Information sharing begins at the referral stage. The assigned forensic interviewer reviews all documents provided to the CAC by LEA and ODHS. On the day of services, the forensic interviewer may participate in a pre-assessment staffing with the referring party. This allows the forensic interviewer to gather additional details about the circumstances of the case. The referring party shall observe the interview and may engage in information sharing with the forensic interviewer during a break in the interview.
- 5. Use of interview aids:** Children's disclosures may be enhanced using tools. Tools include, but are not limited to, paper, crayons, pencils, pens, diagrams, pictures for coloring or marking, Play-Doh, and dolls. Any tools should ideally be readily available in the interview room and should be limited in number to not overwhelm or distract the child.
- 6. Use of interpreters:** Interviews are ideally done in the child's first language by an interviewer who is fluent in the child's first language. If that is not possible, a qualified, certified interpreter is called in for the interview. Family members and friends do NOT interpret interviews under any circumstances. Interpreters meet with the interviewer before the interview to review likely elements of the interview, vocabulary that may be needed, and any other procedural issues. Interviewers should caution interpreters about possibly difficult content, and physical set-up for the interview. Prior to the interview, the room should be arranged with the interpreter in a manner to facilitate eye contact between child and interviewer and interpreter.
- 7. Recording and/or documentation of the interview:** Forensic interviews are recorded (audio and video). MDT observers may view the interview by live video feed from an observation room at ABC House. ABC House securely stores interview recording. Forensic interviewers may further document the interview in a summarized written report. Reports will be generated per the request of the investigative agency and are prioritized by date of the requested or urgency of the case.
- 8. Interview methodology (i.e., state or nationally recognized forensic interview training model(s)):** The interviewer will follow the nationally recognized Oregon Interviewing Guidelines.
- 9. Introduction of evidence in the forensic interviewing process:** Introducing external evidence during a forensic interview should be thoughtfully done, after discussions with involved MDT partners and adhere to best practices. The forensic interviewer and MDT partners should consider the child's needs and emotional/psychological well-being before introducing external evidence. Chain of custody and rules related to the presentation of evidence during a child forensic interview will be adhered to at all times.
- 10. Sharing of information among MDT members:** Recorded forensic interviews are stored by ABC House in a HIPPA compliant database. Involved investigative agencies

may request to view the recorded interview and the written report. LEA may be given access to view and download the recordings and report.

11. A mechanism for collaborative case coordination: Benton County CART meets weekly to review cases that fall under Karly's Law, as well as other cases of child abuse, neglect, and maltreatment.

12. Determining criteria and process by which a child has a multi-session or subsequent interview: A multi-session interview of a child may be recommended if:

- The child has significant trauma that presents with active external symptoms.
- Cultural or communication barriers exist
- The child exhibits significant developmental delays.
- The child has witnessed violent crimes such as murder or prolific domestic violence.
- The abuse is chronic, and more than one session is required to develop a comprehensive understanding of the abuse or maltreatment.

The decision of whether conduct a multi-session interview will be made by the MDT partners involved.

Subsequent forensic interviews or follow-up forensic interviews may be necessary in the following situations:

- The child has expanded on the initial disclosure and is making new or different disclosures.
- There are multiple perpetrators and additional information is needed regarding the events and people involved.
- The child has requested another interview to share additional details.

The decision to conduct a subsequent interview is based on careful evaluation of the case and the well-being of the child. The same interviewer who conducted the initial forensic interview will conduct the subsequent interview whenever possible.

13. The criteria and process for the use of tele-forensic interviews (if applicable): Tele-forensic interviews may be used when necessary. Accommodations may be made for the forensic interviewer to be in a separate interview room from the child. MDT partners will continue to use the standard process when making a referral to ABC House for services.

14. MDT Participation: The CAC allows for real-time observation of forensic interviews by MDT members. Law Enforcement and Child Welfare with investigative responsibilities on a case must participate in live/real-time observation of the forensic interview(s) taking place at the CAC to ensure necessary preparation, information sharing, and MDT/interviewer coordination throughout the interview and post-interview process. The physician, physician assistant or nurse practitioner who will conduct a medical examination of the child should also observe the interview to ensure necessary preparation, information sharing and coordination with the medical examination.

For cases meeting ABC House case acceptance criteria as outlined in the MDT guidelines, forensic interviews are conducted at ABC House, at a minimum of 75% of the time.

Individuals who conduct forensic interviews at the ABC House must participate in a structured peer review process for forensic interviewers a minimum of 2 times per year, as a matter of quality assurance. Peer review serves to reinforce the methodologies utilized as well as provide support and problem-solving for shared challenges. Peer review includes participants and facilitators who are trained to conduct child forensic interviews. Structured peer review includes:

1. Ongoing opportunities to network and share learning and challenges with peers
2. Review and performance feedback of actual interviews in a professional and confidential setting
3. Discussion of current relevant research articles and materials
4. Training opportunities specific to forensic interviewing of children and the CAC- specific methodologies.

ABC House staff and MDT partners coordinate information gathering including history taking, assessments, and forensic interview(s) to avoid duplication.

VICTIM SUPPORT AND ADVOCACY (NCA Standard 4)

Victim support and advocacy is fundamental to the MDT response. Comprehensive victim support and advocacy services are provided by the MDT including ABC House advocates in collaboration with the Benton County District Attorney's Office Victim Assistance Program advocates. All Victim Advocates who provide services to child clients have specialized training in victim advocacy and have successfully completed a minimum of 40 hours of instruction including, but not limited to:

- a. Dynamics of child abuse;
- b. Trauma-informed services,
- c. Crisis assessment and intervention,
- d. Risk assessment and safety planning,
- e. Professional ethics and boundaries,
- f. Understanding the coordinated multidisciplinary response,
- g. Understanding, explaining, and affording victim's legal rights,
- h. Court education, support and accompaniment,
- i. Knowledge of available community and legal resources, referral methods and assistance with access to treatment and other services, including protective orders, housing, public assistance, domestic violence intervention, transportation, financial assistance, interpreters, among others as determined for individual clients,
- j. Cultural responsiveness and addressing implicit bias in service delivery
- k. Caregiver resilience
- l. Domestic violence/family violence/children's exposure to domestic violence and poly-victimization

In addition to initial training, individuals who provide victim advocacy services for the CAC must demonstrate participation in ongoing education in the field of victim advocacy and child maltreatment consisting of a minimum of 8 contact hours every 2 years.

Victim Advocacy includes the following constellation of services:

1. Crisis assessment and intervention, risk assessment and safety planning and support for children and family members throughout the life of the criminal case;
2. Assessment of individual needs, cultural considerations for child/family, and ensuring those needs are addressed;
3. Presence at CAC during the forensic interview and/or medical evaluation in order to participate in information sharing with other MDT members, inform and support family about the coordinated multidisciplinary response, and assess needs of child and non-offending caregiver;
4. Provision of education and access to victim's rights and crime victim's compensation;
5. Assistance in procuring concrete services (housing, protective orders, domestic violence intervention, food, transportation, public assistance, civil legal services, etc.);
6. Provision of referrals for trauma focused, evidence supported mental health and specialized medical treatment;
7. Facilitating access to transportation to interviews, court, treatment and other case-related

- meetings;
8. Engagement in the child's/family's response regarding participation in the investigation/prosecution to help them understand the investigation/prosecution process and help ensure understanding of crime victims' rights
 9. Participation in case review for cases under investigation to communicate and discuss the unique needs of the child and family and associated services planning; and help ensure the coordination of identified services and that the child and family's concerns are heard and addressed
 10. Provision of updates to the family on case status, continuances, dispositions, sentencing, inmate status notification (including offender release from custody)
 11. Provision of court education and support, including court orientation and accompaniment

A Family Support Advocate is assigned to every family that comes in for an evaluation at ABC House. Upon arrival, an advocate meets the child(ren) and non-offending family members in a private waiting area. Advocates are available to provide crisis intervention, support, education on the MDT response, assess needs and provide resources during the evaluation process. They participate in information sharing with the team during both the pre- and post-forensic interview and/or medical evaluation meetings. Continued support, coordination with involved agencies, communication and resources are provided to the family. Active outreach and follow-up services for caregivers consistently occurs.

ABC House Family Advocates continue contact with families for up to a year after the date of service. This follow-up advocacy includes phone contact approximately two weeks after the date of service, and quarterly contact thereafter. During these contacts, additional referrals to services/resources take place as needs are identified. ABC House Family Advocate support ceases when the family either communicates they no longer want/need support, or when the advocates make multiple attempts at contact without a response from the family.

Victims whose cases enter the criminal court system will also receive support and advocacy services through the Benton County Victims' Assistance Program.

Coordinated case management occurs with all individuals providing victim advocacy services to CAC clients. ABC House victim advocates regularly communicate and collaborate with representatives from the Victims' Assistance Program. Communication and collaboration about individual cases occur. ABC House Family Advocates communicate assessment and disclosure information for Crime Victim's Compensation eligibility. This information is provided through a secure database.

To ensure all cases reviewed by MDT receive access to all services available, and in order to ensure that the families receive the support necessary to overcome the issues arising from abuse, an ABC House Family Advocate and Victim Advocate from the Benton County Victims' Assistance Program actively participate at all CART Case Review meetings.

DA's Office Victim Assistance Program: The Victim's Assistance Program operates out of the Benton County District Attorney's Office and assists victims of crimes through the justice system. The role of the Victim Assistance Program on the MDT is to help the child victim and

family through the various stages of the justice system, whether the abuse of the child is prosecuted as a crime in adult criminal court or handled within the Juvenile system.

The Victim Assistance Program shall assign a representative to the MDT and that person shall regularly attend the MDT and CART meetings and coordinate its services with those offered by other agency personnel involved in the child's case. When a child is involved in the court system, Victim's Assistance shall have a staff member or volunteer assist the child through the various steps in the legal process. Victim's Assistance shall have a staff member trained in child abuse issues and shall provide a child sensitive and friendly environment for the child while the child is at the courthouse awaiting interviews, trials, or appearances.

MEDICAL EVALUATION (NCA Standard 5)

The purpose of a medical evaluation is to medically assess the child with concerns of maltreatment in order to ensure the health, safety and wellbeing of the child. This includes the diagnosis and treatment of possible sexual abuse, physical abuse, or neglect. Specialized medical evaluations and treatment services are available onsite at ABC House, by ABC House medical providers regardless of ability to pay and are coordinated as part of the MDT response.

Children who have experienced various forms of maltreatment benefit from comprehensive forensic medical evaluation by a provider with specialized training to assess injury, infection, physical and emotional well-being. The collection and documentation of possible forensically significant findings are vital. However, the referral of children for medical examinations should NOT be limited to those for whom forensically significant information is anticipated. The purpose of a medical examination is for the diagnosis, treatment, protection and reassurance of the child. For information on Karly's Law see section later in these protocols.

All children who present with concerns of child abuse who are referred to ABC House will have access to a medical evaluation or medical consultation services. See section below for when a medical evaluation is recommended.

Medical evaluations are conducted by health care providers with specific training in child abuse that meets one of the following training standards:

- Child Abuse Pediatrics Subboard eligibility or certification
- Physicians without board certification or board eligibility in the field of Child Abuse Pediatrics, Advanced Practice Nurses, and Physician Assistants should have a minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse.

Regardless of provider type, all providers should be licensed to practice in Oregon (and be in current good standing) by their corresponding state board of practice regulation.

In addition to the Training and Eligibility Standards for Training (above), ABC House medical providers must also meet Continuous Quality Improvement (CQI) standards described below.

Continuous Quality Improvement (CQI) for the medical component of ABC House includes:

- The medical provider must be familiar and up-to-date with published research studies on findings in abused and non-abused children, sexual transmission of infections in children, and current medical guidelines and recommendations from national professional organizations such as the American Academy of Pediatrics Committee on Child Abuse and Neglect, American Professional Society on the Abuse of Children, and the Centers for Disease Control and Prevention.
- Medical professionals providing services to ABC House clients must demonstrate continuing education in the field of child abuse consisting of a minimum of 8 hours every 2 years of CEU/CME credits.

- Medical professionals providing child sexual abuse evaluations to ABC House clients must demonstrate, that all findings deemed abnormal or “diagnostic” of trauma from sexual abuse have undergone expert review by an “advanced medical consultant”.

The purpose of a medical evaluation where there are concerns for child abuse extends far beyond providing an evidentiary examination for the purpose of the investigation. The primary goals of the medical evaluation are to:

- Help ensure the health, safety, and well-being of the child
- Evaluate, document, diagnose, and address medical conditions resulting from abuse
- Differentiate medical findings that are indicative of abuse from those which may be explained by other medical conditions
- Document, diagnose, and address medical conditions unrelated to abuse

Medical findings are documented in a written report and photo-documentation. Medical records storage is HIPAA compliant. The medical records storage is secured, sufficiently backed up and accessible to authorized personnel in accordance with all applicable federal and state laws. Electronic medical records are stored in HIPAA compliant electronic databases that require unique user identification, some with double verification procedures. All physical copies are stored securely in rooms protected by secure access.

Circumstances under which an emergency medical evaluation for child abuse is recommended:

Acute physical or sexual abuse assault or (occurring within the last 72 hours) should be evaluated emergently:

- Children will be examined either at the emergency department, primary care provider’s office or at the ABC House.
- Medically unstable patients will be directed to the emergency department.
- Child abuse examiners may evaluate the child at either the emergency department or the ABC House, depending on the child’s needs and the examiner’s availability.
- Children with a clear history of abuse occurring within the last 72 hours or with visible physical injury will be seen urgently.
- In the case of acute sexual assault or abuse, forensic medical evidence should be collected using the Oregon State Police Forensic Laboratory Sexual Assault Evidence Kit. Evidence should be collected according to age-appropriate standards.
- Children with complaints of genital or anal pain, discharge or bleeding are strongly urged to be evaluated within 24 hours of referral in consultation with the ABC House medical examiner

Drug Endangered Children having been exposed to such environments within the last 48 hours should be evaluated emergently:

- If the child has obvious injury, illness or respiratory distress (including active lab, site explosions, obvious chemical spills, child burns or iodine stains) then the child should be seen emergently at a medical facility by calling 911. See Drug Endangered Children Protocol later in this document for comprehensive review.
-

MDT members and ABC House staff are trained regarding the purpose and nature of the medical evaluation for concerns of child abuse. Designated MDT members and/or ABC House staff educate clients and/or caregivers regarding the medical evaluation.

Findings of the medical evaluation are shared with the investigative team in a routine, timely and meaningful manner, as well as presented and discussed at the next scheduled case review. The findings and observations gathered during the comprehensive exam will be provided to the investigative parties of the MDT during the post-examination debriefing rendered at the ABC House. The various elements of the forensic medical examination are documented in written format and stored as part of the patient's record. If the investigative partner is not present for an examination, ABC House will immediately contact the LE investigator and/or ODHS worker regarding any significant findings.

MENTAL HEALTH (NCA Standard 6)

Without effective therapeutic intervention, many children impacted by trauma are highly likely to experience ongoing or long-term adverse social, emotional, developmental and health outcomes that may impact them throughout their lifetimes. Evidenced-based treatments (EBT) and other practices with strong empirical support reduce the impact of trauma and the risk of future abuse. For these reasons, the MDT's mental health response includes a trauma history, screening, and assessment of trauma and abuse-related symptoms, and evidence-based, trauma-focused mental health services for child victims and caregivers. Mental health services will be made available and accessible to all child clients regardless of ability to pay.

Mental health services for children referred by the MDT will be provided by professionals with training in, and who deliver, trauma-focused, evidence-supported, mental health treatment. All mental health providers, whether providing services at the CAC or by referral and linkage agreement with outside individuals and agencies, must meet the following:

Education/License Requirement

Mental health provider(s) must demonstrate they meet at least ONE of the following academic training standards:

- Master's degree/Licensed/certified in a related mental health field.
- Master's degree in a related mental health field and working towards licensure; supervised by a licensed mental health professional.
- Student intern in an accredited mental health related graduate program, when supervised by a licensed/certified mental health professional. Both the student intern and supervising licensed mental health professional must meet the previously indicated 40-hour training requirements. Students who are currently enrolled in a training to deliver an EBT may provide services to children as a part of their EBT training.

Clinicians providing mental health treatment must demonstrate completion of continuing education in the field of child abuse consisting of a minimum of 8 contact hours every 2 years. Evidence supported trauma focused mental health services for the child client are consistently available and include:

1. Trauma specific assessment including traumatic events and abuse related trauma symptoms;
2. Use of standardized assessment measures initially to inform treatment and periodically to assess progress and outcome;
3. Individualized treatment plan based on assessments that are periodically reassessed;
4. Individualized evidence supported treatment appropriate for the child clients and other family members;
5. Child and caregiver engagement in treatment;
6. Monitoring of trauma symptom reduction;
7. Referral to other community services as needed.

In addition, MDT mental health partners provide supportive services for caregivers to address:

1. The safety and well-being of the child;

2. Caregiver involvement in their child's treatment when appropriate
 3. The emotional impact of abuse allegations;
 4. The risk of future abuse;
- Issues or distress which the allegations may trigger.
(Services are made available onsite or through linkage agreements with other appropriate agencies or providers.)

ABC House delivers mental health services in an outpatient setting and employs individual and family modalities, including: Trauma-Focused Cognitive Behavioral Therapy, Alternatives for Families Cognitive Behavioral Therapy, and Child and Family Traumatic Stress Intervention. In addition, mental health providers may offer brief interventions to caregivers by providing psychoeducation, coaching, and resources to support recovery from traumatic events and improve overall family functioning. Services are made available directly or through agreements with other appropriate agencies or providers.

Clinicians providing mental health treatment to ABC House clients must participate in ongoing clinical supervision and/or consultation.

A mental health therapist participates on the MDT. The role and responsibility of the mental health professional on the MDT include:

1. Attendance and active participation in MDT case review and case management;
2. Sharing relevant information with the MDT while protecting the client's right to confidentiality;
3. Serving as a clinical consultant to the MDT on issues relevant to child trauma and evidence-based treatment;
4. Monitor and share with the MDT the child's and caregiver's engagement in, and completion of treatment.

Mental health therapists participating in case review share mental health information by protecting client confidentiality and mental health records in accordance with state and federal laws as described in HIPAA regulations.

CASE REVIEW AND COORDINATION (NCA Standard 7)

In Benton County, CART conducts regular case reviews. Case review, an intentional forum for the purpose of reviewing, collaborating, and coordinating cases under investigation is conducted weekly. It is a formal process that enables the MDT to monitor and assess its independent and collective effectiveness to ensure the safety and well-being of children and families. Case review serves multiple purposes:

- Experience and expertise of MDT members is shared and discussed
- Collaborative efforts are fostered
- Formal and informal communications are promoted
- Mutual support is provided
- Protocols and procedures are reviewed and
- Informed, collective decisions are made.

The process encourages mutual accountability and helps to assure that children's needs are met in a sensitive, effective, and timely manner.

Case reviews are coordinated and facilitated by a representative from the Benton County District Attorney's Office. CART meets for case reviews weekly on Tuesday morning. This meeting routinely takes place remotely using a secure Microsoft TEAMS meeting link.

Agency representatives who actively participate in case reviews are ABC House staff (including designated medical, forensic interviewer, mental health, and victim advocates), LEA personnel/staff from Benton County Sheriff (BCSO), Corvallis Police Department (CPD), Philomath Police Department (PPD), Albany Police Department (APD), ODHS, DA(s) and victim advocate(s) from Benton County District Attorney's Office, Corvallis School District staff, Benton County Juvenile Department (BCJD), and Early Intervention personnel when required by Karly's Law. Other agencies and individuals may participate as needed as agreed to by members of CART. Such organizations include but are not limited to: ODHS Office of Training Investigation and Safety (OTIS); OSU Police Department (OSUPD), Oregon Department of Justice (ODOJ), Benton County Public Health, Benton County Mental Health, other medical personnel and staff, and representatives and staff from other school districts in Benton County.

CART will review cases under investigation based on the following criteria:

- All cases subject to Karly's Law.
- Active investigations of sexual abuse or physical abuse where circumstances give rise to the belief that abuse has occurred.
- Drug endangered children (DEC) cases when the child was symptomatic of drug exposure or when children test positive for legal and illicit substances. Other circumstances may include drug manufacturing or dealing in the home, or a child being furnished drugs in the home.
- Other cases where MDT partners reasonably feel a coordinated approach may be helpful for the wellbeing of the child. Such cases may include, but are not limited to:

significant exposure to domestic violence occurring within the home; child neglect or maltreatment; etc.

Any CART member may refer a case for review when there are concerns for abuse by contacting the Benton County CART Chair by phone or email.

Agency representatives should notify the CART Coordinator by 10:00am on Monday of known cases to be staffed for the Tuesday CART review the next day. Notification should include the name and date of birth of the child and type of case (e.g., Karly's Law, neglect, drug endangered child, sexual abuse, etc.). The CART Coordinator will notify agency representatives prior to the meeting of cases to be discussed by providing a written agenda with a list of cases to be reviewed. However, CART case reviews shall not be limited to cases on the agenda. CART case reviews are dynamic and responsive to new child abuse cases that require immediate staffing. Karly's Law cases and cases that require immediate coordination will be prioritized. CART members agree that all cases brought by an LEA or ODHS investigator or other CART members may be reviewed, regardless of whether the case is on the agenda.

At the beginning of each meeting, the representative from Benton County District Attorney's Office will take attendance by reading and recording the name of each person in attendance. The DDA will then orally read a Confidentiality Statement and confirm that each attendee agrees to comply with its terms. The following confidentiality statement is read in each meeting and agreed to by CART partners in attendance:

"CART Meetings are confidential and not subject to public meetings law per ORS 418.747 and ORS 192.690. To assure a coordinated response that fully addresses all systemic concerns surrounding child abuse, CART members and guests may need to share confidential information about children and families. With this purpose in mind, I agree that all information disclosed and received during the CART review will remain confidential and will only be disclosed when necessary to carry out the purposes of the child abuse investigation or as is otherwise required by law."

Case Review is an informed decision-making process with input from all CART partner agency representatives. CART meetings include opportunities to address the following components of each case:

- Review forensic interview outcomes;
- Discuss the plan and progress of the investigation;
- Review medical evaluations;
- Discuss child safety issues and considerations;
- Discuss emotional support and treatment needs of the child and non-offending family members as well as strategies for meeting those needs;
- Discuss family's reaction and response to the child's disclosure and involvement with the criminal justice/child protection service systems;
- Review updates on the criminal and/or dependency cases, ongoing involvement with the child and family, and disposition;
- Discuss responsibility for court education and court support for child and non-offending family members;

- Discuss on-going cultural issues and needs unique to individual children and families including issues pertaining to access to services;
- Review the legal rights and comprehensive services to which all children and families are entitled.
- Discuss how the CAC and MDT intervention is impacting the child and their family including positive changes and challenges.
- Discuss child well-being and outcomes, as available.

To aid in monitoring abuse/neglect patterns, the following will be noted for each case that is reviewed by CART:

- Case Classification
 - Sexual abuse-by parent
 - Sexual abuse-by partner of parent
 - Sexual abuse-by family member: under age of 18
 - Sexual abuse-by family member: over age of 18
 - Sexual exploitation/trafficking
 - Physical abuse-KARLY'S
 - Physical abuse-other
 - Physical abuse-mental illness related
 - Physical abuse-substance abuse related
 - Neglect-substance abuse related
 - Neglect-other
 - Emotional abuse-exposure to DV
 - Exposure to drug activity
 - Crimes against children involving alcohol
- The name and DOB of individuals relevant to the incident under assessment including all children, parents within the household as well as the name, DOB etc. of the suspects in the abuse.
- Karly's Law (Suspicious Physical Injury):
 - Photo's taken and reviewed by CART
 - DMP Medical Assessment
- Date and location of the incident
- CART members conducting the investigation
- Recommended follow up or continued action in a case

After each case review, the CART Chair will follow up on any concerns that need to be addressed. When necessary, those follow up steps may be reviewed at subsequent CART meetings to provide updates on the case.

Extended Staffing: CART shall meet for an extended case staffing on the first Tuesday of every month, or as otherwise agreed to by members CART. The purpose of the extended staffing shall be to more thoroughly review a case involving child abuse, neglect, or maltreatment. With the input of other CART members, the CART Chair shall select one or more cases for extended staffing. In the alternative, the CART Chair shall select one investigating agency to select a case to present for extending staffing. In addition to the regular agency CART representative, the lead investigator and/or first responder from the agency shall also attend the extended staffing. The

agency shall present the case in greater detail, including challenges, successes, setbacks, and how the agency complied with the MDT protocols. The purpose of the extended staffing is to provide a forum to share ideas and suggestions.

Extended Staffing may also be used to review all cases determined to be “sensitive cases” (see ORS 418.747(8)). In sensitive cases, those MDT members who were not directly involved in that particular case will review investigation procedures. If a citizen has expressed concern regarding the handling of a case, they shall be notified of the review and may be permitted to present either written or oral comment at the discretion of the MDT. Non-offending parents of child abuse victims shall be notified of this procedure. Additional parties may be invited as necessary for a thorough review. Extended Staffing on sensitive cases as outlined herein may only occur after completion of court actions. For purposes of this section, what constitutes a sensitive case will ultimately be decided at the discretion of the District Attorney. Sensitive cases may include:

- Cases where the offender or suspect is a public official, person involved in child abuse/advocacy work, or employed at a daycare or certified childcare facility.
- Cases involving the death, torture, or serious physical injury of a child.
- Any case deemed appropriate for sensitive case review by the MDT.

Extended staffing (regardless of whether it involves a sensitive case) shall begin immediately following the regularly scheduled CART meeting using the same Microsoft TEAMS meeting link.

CASE TRACKING (NCA Standard 8)

Case tracking systems provide essential demographic information, case information, and investigation/intervention outcomes. Case tracking can be used for program evaluation (e.g., Identifying areas for continuous quality improvement and assessing ongoing case progress and outcomes) and generating statistical reports. Effective case tracking systems can also enable MDT members to accurately inform children and families of the status and disposition of their cases.

Case tracking provides a mechanism for monitoring case progress throughout the multidisciplinary interagency response to final disposition. ABC House collects data to include the following:

1. Demographic information about the child and family
2. Demographic information about the alleged offender
3. Type(s) of abuse
4. Relationship of alleged offender to child
5. MDT involvement and outcomes
6. Charges filed and case disposition in criminal court
7. Child protection outcomes
8. Status/follow-through of medical and mental health referrals.

ABC House has utilized an Access database to build the unique data collection categories for each case. ABC House uses the data provided by MDT partners to track items specific to each agency.

MDT partner agencies may access case-specific information when needed to perform their official functions related to the specific case. MDT partners are required to maintain the confidentiality of any such case-specific information. MDT partners may access non-identifying aggregate data for quality assurance, quality improvement, funding and research purposes through the ABC House Director of Assessment Programs.

ABC House uses OMS to evaluate client service delivery on an ongoing basis. Data from this survey is utilized to improve service delivery. Family Support Advocates distribute OMS surveys at the conclusion of onsite services and an additional survey during quarterly contact.

ORGANIZATIONAL CAPACITY (NCA Standard 9)

ABC House is an accredited member of the National Children's Alliance and a member of the Oregon Child Abuse Solutions. ABC House is a 501(c)(3) nonprofit organization governed by a Board of Directors that operates under a set of by-laws and agency policies. This governing body sets the vision, mission, and strategic direction for the ABC House, which is then executed by the Executive Director and agency leadership.

ABC House maintains, at a minimum current and general commercial liability, professional liability, directors' and officers' liability, and cyber liability as appropriate for the organization.

ABC House has written administrative policies and procedures that govern its administrative operations. Administrative policies and procedures include, at a minimum:

- Personnel policies, procedures, and documents
 - Job descriptions for all positions
 - Anti-discrimination policy
 - Conflict of interest policy
 - Whistleblower policy
 - Social media use policy
- Financial management policies and procedures
 - Accounting policies and procedures that demonstrate adequate internal controls and segregation of duties
 - Credit card usage policy
- Safety and security policies and procedures
 - Code of conduct (this should guide behavior between staff, between staff and team members, and between staff/team members and clients)
 - Child protection policies, including the obligation to report abuse
 - Emergency response policies
 - Building security and safety policy and procedures
 - Anti-Violence in the Workplace policy
 - Weapons on premises policies and procedures
 - Drug usage policy
 - Smoke-free environment
- Information technology policies
 - Document retention and destruction policies
 - Data security policies
 - Confidentiality policies — HIPAA requirements

ABC House's budget is over \$750,000 and therefore has an annual independent financial audit. Confidence in the integrity of the fiscal operations of ABC House is critical to the long-term sustainability of the organization. Financial audits and reviews are tools to assess for fiscal soundness and internal controls for financial management.

Due to the sensitive and high-risk nature of the work, ABC House has, and demonstrates compliance with, written screening policies for staff board members and volunteers that include national criminal background, sex offender registration, and child abuse registry checks and

provides training and supervision to staff and volunteers. In discussion with its Board and MDT, ABC House determines what is disqualifying in a background check.

In order to safeguard against unplanned or unexpected changes within the leadership of the organization, ABC House has developed a written succession plan to insure the orderly transition and continuance of operation of the center. The plan is specific to the uniqueness of ABC House, and includes at a minimum:

- Temporary staffing strategies
- Long-term and/or permanent leadership replacement procedures
- Cross-training plan
- Financial considerations
- Communication plan.

In order to assure long-term viability of the organization, ABC House has addressed its sustainability through the implementation of a current strategic plan approved by the governing body.

To reduce employee burnout and improve employee retention, ABC House promotes employee well-being by providing training and resources regarding the effects of vicarious trauma, techniques for building resiliency, and maintaining organizational and supervisory strategies to address vicarious trauma and its impact on staff. ABC offers personal days for employees to use for self-care in addition to sick leave. ABC House hosts a wellness week during the holiday season to encourage time with friends and family. ABC House is intentional in bringing training and resources specific to the topic of self-care and vicarious trauma, inviting all staff to attend training on these topics. ABC House has a staff-led wellness committee that helps to shape wellness initiatives.

A highly functioning MDT is one in which vicarious trauma can be acknowledged and addressed. While MDT partner agencies have primary responsibility for the health of their workers, ABC House promotes MDT well-being by providing access to training and resources on vicarious trauma and building resiliency to MDT members.

CHILD SAFETY AND PROTECTION (NCA Standard 10)

ABC House has a child-focused setting designed to provide a safe, comfortable and neutral environment where forensic interviews and other CAC services can be appropriately provided for children and families. Basic safety standards include attending to the physical setting and assuring it meets basic child safety standards, ensuring that alleged offenders do not have access to the CAC, providing adequate supervision of children and families while they are on the premises, and creating an environment that reflects the diversity of clients served. MDT members have access to workspace and equipment on-site to carry out the necessary functions associated with their roles including meeting with families and sharing necessary information. ABC House communicates, through its design, decor, and materials, that it is a welcoming and child-oriented place for all children and their non-offending family members.

ABC House is a designated, task-appropriate facility which aligns to the following criteria:

- Is maintained in a manner that is physically and psychologically safe for children and families
- Provides observation or supervision of clients within sight or hearing distance by CAC staff, MDT members and/or volunteers at all times
- Is convenient and accessible to clients and MDT members
- Is appropriate for the delivery of CAC services
- Provides age appropriate and culturally diverse toys and other resources that are childproofed, cleaned, and sanitized to be as safe as possible.

ABC House has, and abides by, written policies and procedures that ensure separation of victims and alleged offenders.

- The CAC has written policies and procedures that ensure the separation of victims and alleged offenders during the investigative process and as appropriate throughout delivery of the full array of Center services.

ABC House makes reasonable accommodations to make the facility physically accessible. ABC House is compliant with the Americans Disabilities Act and is physically accessible to clients and family members as needed.

ABC House allows for live observation of interviews by MDT members. ABC House has two observation rooms. MDT partners can view live video and audio of the forensic interview. There is an established mechanism in place so that MDT members can provide input and feedback during the forensic interview process.

Separate and private area(s) is available for confidential case consultation and discussion, meetings, and interviews, and for clients awaiting services. MDT members utilize spaces to assure a physically and psychologically safe environment for children and families, confidentiality, and respect for client privacy.

ABC House has implemented a code of conduct for staff and MDT members to ensure the safety of children and families. The code of conduct includes child abuse prevention practices. Staff

members must receive and agree to the code of conduct. MDT members must be informed of the CAC's code of conduct and the expectation that it guides work within the CAC.

ABC House conducts a child safety assessment annually to ensure that the building and CAC space is a safe and child-focused setting for children and their families.

ABC House staff are mandatory reporters. Therefore, ABC House is required to ensure that mandated reporter training is provided to all staff and volunteers. Updates to state statutes and mandated reporter laws are also provided to staff and volunteers annually, if applicable.

ADDITIONAL OREGON SPECIFIC CAMI REQUIRED PROTOCOLS

KARLY'S LAW

CART members shall review the “What You Need to Know About Karly’s Law” training video and complete the associated training online annually. The video and training take approximately 30 minutes and can be accessed at <https://oregoncas.org/karlys-law/>.

Karly’s Law lists the specific duties of a person conducting a child abuse investigation. Those duties are as follows:

If a person conducting a child abuse investigation under ORS 419B.020 observes a child who has suffered suspicious physical injury and the person is certain or has a reasonable suspicion that the injury is or may be the result of abuse, the person shall, in accordance with ORS 419B.023, and with the protocols and procedures of Benton County MDT perform the following duties:

- 1) Immediately photograph or cause to have photographed the suspicious physical injuries in accordance with ORS 419B.028. Photographs of anal or genital region may be taken ONLY by a medical personnel.
 - a) The person taking the photographs or causing the photographs taken shall, **within 48 hours or by the end of the next regular business day (whichever occurs later):**
 - i) Provide hard copies of prints of the photographs and, if available, copies of the photographs in an electronic format to ABC House (secure email address is karlyslaw@abchouse.org and
 - ii) Place hard copies or prints of the photographs and, if available, copies of the photographs in an electronic format in any relevant files pertaining to the child maintained by LEA or ODHS.
- 2) LE and ODHS shall take photos each time they observe a suspicious physical injury during the investigation of a new allegation of child abuse IF the injury was not previously observed by a person conducting a child abuse investigation AND regardless of whether the child has been previously photographed or assessed during an investigation of allegations of abuse.
- 3) Make reasonable efforts to ensure that ABC House medical providers conduct a medical assessment within 48 hours, or sooner if dictated by the child’s medical needs.
- 4) If ABC House is not available, ensure the child is evaluated by an available medical professional. This may be coordinated through consultation with the DMP. ABC House DMPs are available 24 hours a day by phone and through email at karlyslaw@abchouse.org.
- 5) If the child is evaluated by anyone other than an ABC House provider, the evaluating physician, physician’s assistant, or nurse practitioner shall make photographs, clinical notes, diagnostic and testing results and any other relevant materials available to ABC House for consultation **within 72 hours following the evaluation of the child.**

- 6) Any member of the MDT who is conducting a child abuse investigation, may require a health care provider to permit the inspection and copying of medical records, including but not limited to, prenatal and birth records of the child involved in the investigation without the consent of the child or the parent or guardian of the child (ORS 419B.050).
- 7) Nothing in this section prevents a person conducting a child abuse investigation from seeking immediate treatment from a hospital emergency room or other medical provider for a child who is physically injured or otherwise in need of immediate medical care.
- 8) Nothing in this section limits the rights provided to minors in ORS chapter 109 or the ability of a minor to refuse to consent to the medical assessment described in this section.

FOR ALL KARLY'S LAW CASES PLEASE EMAIL karlyslaw@abchouse.org.

The definition of suspicious physical injury includes, **but is not limited to**, the following:

- Burns or scalds
- Extensive bruising or abrasions on any part of the body
- Bruising, swelling, or abrasions on the head, neck, or face
- Fractures on any bone in a child under the age of three
- Multiple fractures in a child of any age
- Dislocations, soft tissue swelling, or moderate to severe cuts
- Loss of the ability to walk or move normally according to the child's developmental ability
- Unconsciousness or difficulty maintaining consciousness
- Multiple injuries of different types
- Injuries causing serious or protracted disfigurement or loss or impairment of the function of any bodily organ
- **Any other injury** that threatens the physical well-being of the child

Medical Assessment:

ABC House is the Designated Medical Professional (DMP) in Benton County.

A Designated Medical Professional (DMP), or their designee, must conduct a medical assessment within 48 hours (Section 3 (2b)). However, if after a reasonable effort, law enforcement or Department of Human Services personnel are unable to get the child seen by the DMP or their designee, the child must be seen by an available medical professional (Section 3 (4)(a)).

Should the child see anyone **other** than the DMP or their designee, the following requirements and timelines will apply:

- The medical professional shall make photographs, clinical notes, diagnostic and testing results and any other relevant materials available to the designated medical professional within 72 hours following the evaluation of the child (Section 3 (4)(b)). (This disclosure is authorized by HIPAA which provides that covered entities may disclose protected health information about an individual whom the covered entity reasonably believes to be

a victim of abuse or neglect to the extent the disclosure is required by law. 45 CFR 164.512(c)(1).)

- The medical professional may consult with and/or obtain records from the child's regular pediatrician or family physician (ORS 419B.050).
- The medical professional may, within fourteen days, refer children five years of age or younger for a screening for early intervention services or early childhood special education. This referral may NOT indicate the child is subject to a child abuse investigation.
- The medical professional may, within fourteen days, refer children five years of age or younger for a screening for early intervention services or early childhood special education. This referral may NOT indicate the child is subject to a child abuse investigation.

Early Intervention:

If an investigation is being conducted regarding a child **under the age of five** who is already receiving Early Intervention or Head Start services, the MDT SHALL invite the person involved in the delivery of those services to participate in the MDT's review of the child's case (See ORS 419B.023 (6)).

DRUG ENDANGERED CHILDREN

This protocol outlines response by LE and ODHS in cases involving a child exposed to the possession, use, or sale of controlled substances. When responding to a concern regarding exposure to drugs, you should also be mindful of other possible risks to a child, e.g., neglect and/or dangerous living conditions and of physical or sexual abuse.

- If concerns arise re: potential exposure to drugs, ODHS must be notified.
- ODHS procedures will be followed.
- Nothing in this section precludes law enforcement from taking children into protective custody.
- LEA shall conduct a criminal investigation, including, but not limited to, an assessment of the overall living conditions for the children, including sleeping quarters, bathrooms, eating areas, adequacy of utility service; indications of neglect or abandonment; the accessibility to drugs, chemicals, syringes, and other paraphernalia; proximity of hazards to areas accessible to the child; access to pornography or weapons; food quantity and quality; the children's clothing; the availability of needed medicines and medical care; and the presence and treatment of animals.
- LEA investigations will document findings in a police report to be forwarded within 7 days to ODHS and the DA's Office. LEA will document observations with video and/or photographs of the interior and exterior of the residence, any injuries to the child, and any drug or weapon-related evidence. Any suspicious injury should be thoroughly investigated per Karly's Law protocol.
- ODHS and LEA should consult with ABC House regarding whether further assessment is needed based on the facts and circumstances of the case.

Placement

- Both ODHS and LEA may take a child into protective custody in compliance with statute. ODHS and LEA may work together regarding placement of a child taken into protective custody.
- ODHS may bring children to the Emergency Department at their discretion, with or without symptoms.

CHILD DEATH REVIEW

Statement of Purpose

Pursuant to ORS 418.785 the Benton County MDT has established the following child death review process. The purpose of the review process is to help prevent severe and fatal child abuse and neglect by:

- Identifying local and state issues related to preventable child fatalities; and
- Promoting implementation of recommendations at the county level.

Child Death Review Team Agency Participation and Membership Appointment

Agency Participation: Agencies involved should include professionals specially trained in areas relevant to the purpose of the team and may change depending on the type of death being reviewed. Examples include: Medical Professionals, DA's Office, Oregon Department of Justice, ODHHS, LEA, Hospital, Public Health, Medical Examiners, and ABC House. The MDT shall assign any person necessary to complete the child fatality investigation. Statute requires the county medical examiner or "local health officer" must assist with the review.

Membership Appointment: The Child Death Review Team Chair shall be appointed by the Chair of the Multidisciplinary Team with the advice and consent of the MDT. The Benton County District Attorney shall set the dates for death review meetings and for convening business meetings of the Child Death Review Team.

New Members: With the advice and consent of the MDT, members of the Child Death Review Team will be appointed by the Multidisciplinary Team Chair.

Confidentiality Policy

Because the purpose of the fatality review process is to conduct a full examination of each reported case, members must share confidential information about children and families. Therefore, confidentiality statements will be signed by members prior to each meeting of the Child Death Review Team, agreeing that information disclosed during review will remain confidential and will not be used for purposes outside the purview of the review process.

Death reviews are exempt from public open meeting laws and subpoena.

Cases Subject to Review

Pursuant to ORS 418.785(3) The Child Death Review Team shall review all cases of death of children under the age of 18 where one or more of the following categories are present:

- Child deaths in which child abuse or neglect may have occurred at any time prior to death or may have been a factor in the fatality;
- Any category established by Benton County County's Multidisciplinary Child Abuse Team;
- All child deaths where the child is less than 18 years of age and there is an autopsy performed by the medical examiner; and

- Any specific cases recommended for local review by the statewide interdisciplinary team established under ORS 418.748

The practice in Benton County shall be to review all deaths of all children under the age of 18.

Protocol for Case Review

The Benton County Child Fatality Team shall meet at least one time per year but may meet more frequently if necessary. This meeting occurs in a hybrid model, allowing both in-person attendance at the District Attorney's Office and virtual attendance. The meeting date and time is set by the Benton County District Attorney. In general, the meeting is held in the first quarter of the year to review all child fatalities from the previous calendar year. Routine attendance includes: Representatives from the District Attorney's Office, Representatives from the ABC House, medical examiner, public health representative, school district representative (when appropriate), representatives from law enforcement agencies, representatives from ODHS. All child fatality cases are reviewed by the Benton County Child Fatality Team. The District Attorney shall submit formal reports to the National Fatality Review Case Reporting System: <https://www.ncfrp.org/resources/national-cdr-case-reporting-system>

Preventable and Non-Preventable Deaths

The Child Death Review Team shall make an assessment as to whether the death was preventable and make recommendations as to how similar deaths could be prevented in the future.

The definition of preventability is: "A death in which, with retrospective analysis, it is determined a reasonable intervention (e.g. medical, social, legal, or psychological) might have prevented the death. Reasonable is defined by taking into consideration the condition, circumstances, or resources available."

The Oregon State Technical Assistance Team for Child Death Review suggests that the Child Death Review Team ask the following questions:

- How, specifically, could this death have been prevented?
- What resources were lacking which may have prevented this child's death?

"What is the Problem?"

- How are kids dying?
- What are the systems issues?
- What are the individual behavior issues?

"What Should We Do About It?"

- How could these deaths have been prevented?
- What are our recommendations?
- What is our action plan for implementation?

"How Do We Do It?"

- Can we partner with local media, run a story?
- Are there systems issues that need to be addressed locally?
- What local groups exist that focus on children's issues?

Agency Roles:**All Agencies:**

- Assist the Team in any community education or community action deemed necessary for the prevention of child fatalities
- Assist the Team in determining preventability and make recommendations regarding community resources and possible action plans for prevention.
- Research agency files for any information on the child/family of the cases to be reviewed, and supply pertinent information to the Team.
- Attend Fatality Review Team meetings.

District Attorney's Office:

- Shall chair the Child Fatality Review Team
- Review information supplied by LEA, ODHS, the Health Department and Medical Examiner's office in advance of the Fatality Review Team meeting.
- Facilitate discussion during the review meeting.
- Submit formal reports to the National Fatality Review Case Reporting System.

Health Department:

- Review information supplied by Medical Examiner in advance of Team Review meeting.

Medical Examiner:

- Review and forward all death certificates of children under 18.

Law Enforcement:

- Review information supplied by the Medical Examiner's office in advance of the Team Review meeting.
- Review any law enforcement documents and reports for information pertaining to the deaths being reviewed in advance of the Team Review meeting, if such documents exist.
- If the LEA investigated the death that is scheduled for review, the assigned detective or lead investigator shall attend the meeting to discuss the investigation and answer questions.

Department of Human Services:

- Review information supplied by the Medical Examiner's office in advance of the Team Review meeting. Complete "Child Fatality Due to Abuse/Neglect Form" for the child fatalities reviewed that involved abuse or neglect, and submit formal reports to the State of Oregon.
- If a ODHS investigated the death that is scheduled for review, the assigned caseworker shall attend the meeting to discuss the investigation and answer questions.

Annual Review of Protocols:

A review of the Fatality Protocols will be done annually at the date and time set for the child fatality reviews.

COMPLIANCE MECHANISM 418.747(7)(a)

A component to each MDT case review includes evaluation of MDT members' adherence to these protocols. If or when it is noted by the Case Review team that protocols were not followed, the team member representing the particular agency or agencies that failed to follow the protocols agrees to contact the individual involved in the particular case to provide education and communicate the supervising agency's expectations of its staff to comply with MDT guidelines. In addition, if the Case Review team notes a particular trend among MDT members' personnel of failure to comply with the guidelines, trainings, and directives to comply are provided to front line workers and supervisors.

Compliance by MDT members with Oregon Law and their approved protocols is vital. Therefore, per ORS 418.747, the Child Abuse Multidisciplinary Intervention program may consider the results of any evaluation regarding compliance with protocols when determining funding under ORS.418.746.

COMPLIANCE MECHANISM ORS 418.747(8)

Pursuant to ORS 418.747(8), "Each team shall develop policies that provide for an independent review of investigation procedures of sensitive cases after completion of court actions on particular cases. The policies shall include independent citizen input. Parents of child abuse victims shall be notified of the review procedure."

Sensitive cases are staffed through an Extended Staffing session of CART. Non-offending parents of child abuse victims in sensitive cases shall be notified of this procedure. Additional parties are invited as necessary and appropriate for robust review. See information on Extended Staffing in these protocols for additional information. Cases are reviewed by the CART team. Additional parties may be invited as necessary for thorough case review.

RELEVANT OREGON REVISED STATUTES

County Teams for Investigation

ORS 418.747(1)

<http://www.oregonlaws.org/ors/418.747>

Child Death Review Teams

<http://www.oregonlaws.org/ors/418.785>

Reporting of Child Abuse

ORS 419B.005-ORS 419B.050

Definitions

<http://www.oregonlaws.org/ors/419B.005>

Duty of department or Law Enforcement Agency Receiving Report

<http://www.oregonlaws.org/ors/419B.020>

Degree requirements for persons conducting investigation or making determination regarding child.

<http://www.oregonlaws.org/ors/419B.021>

Duties of Person Conducting Investigation

<http://www.oregonlaws.org/ors/419B.023>

Photographing Children During Investigation

<http://www.oregonlaws.org/ors/419B.028>

Confidentiality of Records

<http://www.oregonlaws.org/ors/419B.035>

Authority of Health Care Provider to Disclose Records

<http://www.oregonlaws.org/ors/419B.050>

Rule 803 Hearsay Exceptions

<http://www.oregonlaws.org/ors/40.460>

INTERAGENCY AGREEMENT

Jefri Van Arsdall

The Benton County Child Abuse Intervention Protocols are the result of a collaboration among our local Multidisciplinary Team members. Each agency commits to work collaboratively on the issue of child abuse in an effort to protect and best serve the needs of child victims and their families. This interagency agreement signed by authorized representatives of MDT agencies signifies a commitment of each agency to this collaborative approach. Each agency's participation shall be consistent with its statutory obligations, internal policy requirements, and the best interests of the child victims. Each agency commits to comply with the protocols developed by the MDT.

BENTON COUNTY DISTRICT ATTORNEY

Ryan Joslin

District Attorney



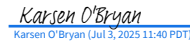
26/06/2021

Name (Print)	Position	Signature	Date
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ABC HOUSE

Karsen O'Bryan

Executive Director

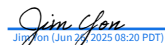

Karsen O'Bryan (Jul 3, 2025 11:40 PDT)

07/03/2021

Name (Print)	Position	Signature	Date
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OREGON STATE UNIVERSITY POLICE

Chief


Jim Gion (Jun 27, 2025 08:20 PDT)

26/06/2021

Name (Print)	Position	Signature	Date
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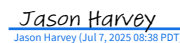
OREGON STATE POLICE

Name (Print)	Position	Signature	Date
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CORVALLIS POLICE DEPARTMENT

Jason Harvey

Chief


Jason Harvey (Jul 7, 2025 08:38 PDT)

07/07/2021

Name (Print)	Position	Signature	Date
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BENTON COUNTY SHERIFF'S OFFICE

Jefri Van Arsdall

Sheriff

Jefri Van Arsdall
Jefri Van Arsdall (Jun 26, 2025 13:00 PDT)

26/06/2025

Name (Print)

Position

Signature

Date

PHILOMATH POLICE DEPARTMENT

David C. Gurski

Chief of Police

David C. Gurski
David C. Gurski (Jul 10, 2025 08:21 PDT)

10/07/2025

Name (Print)

Position

Signature

Date

ALBANY POLICE DEPARTMENT

Marcia Harnden

Chief of Police

Marcia Harnden
Marcia Harnden (Jun 27, 2025 10:42 PDT)

27/06/2025

Name (Print)

Position

Signature

Date

DEPARTMENT OF HUMAN SERVICES-CHILD WELFARE

Alex Jackson

Child Welfare Program Manager-ODHS

Alex Jackson
Alex Jackson (Jun 26, 2025 08:44 PDT)

26/06/2025

Name (Print)

Position

Signature

Date

CORVALLIS SCHOOL DISTRICT 509J

Ryan Noss

Superintendent

Ryan Noss
Ryan Noss (Jun 26, 2025 09:56 PDT)

26/06/2025

Name (Print)

Position

Signature

Date

PHILOMATH SCHOOL DISTRICT 17J

Susan Halliday

Superintendent

Susan Halliday
Susan Halliday (Jul 3, 2025 07:56 PDT)

03/07/2025

Name (Print)

Position

Signature

Date

MONROE SCHOOL DISTRICT 1J

Bill Crowson

Superintendent

Bill Crowson

Bill Crowson (Jul 17, 2025 14:03 PDT)

17/07/2025

Name (Print)

Position

Signature

Date

ALSEA SCHOOL DISTRICT 7J

Name (Print)

Position

Signature

Date

GREATER ALBANY PUBLIC SCHOOL DISTRICT

Andy Gardner

Superintendent

Andy Gardner

Andy Gardner (Jul 17, 2025 09:17 PDT)

17/07/2025

Name (Print)

Position

Signature

Date

BENTON COUNTY HEALTH DEPARTMENT –Mental Health and Public Health

April Holland

April Holland

April Holland

April Holland (Jun 26, 2025 07:27 PDT)

26/06/2025

Name (Print)

Position

Signature

Date

BENTON COUNTY JUVENILE DEPARTMENT

Name (Print)

Position

Signature

Date

VICTIM ASSISTANCE PROGRAM

Name (Print)

Position

Signature

Date

OREGON DEPARTMENT OF JUSTICE

Name (Print)

Position

Signature

Date