CLACKAMAS COUNTY MULTI DISCIPLINARY TEAM CHILD ABUSE PROTOCOL

REVISED MAY 2023

TABLE OF CONTENTS

MEMBER AGENCIES

This protocol represents the partnership and agreement to support these policies among the following agencies:

Canby Police Department
Children's Center
Clackamas County Behavioral Health
Clackamas County Community Corrections
Clackamas County District Attorney
Clackamas County District Attorney Victim Assistance
Clackamas County ESD
Clackamas County Health Centers
Clackamas County Juvenile Department
Clackamas County Public Health
Clackamas County Sheriff's Office
Clackamas Women's Services
Gladstone Police Department
Lake Oswego Police Department
Milwaukie Police Department
Molalla Police Department
North Clackamas School District
Office of Child Care
Oregon City Police Department
Oregon City School District
Oregon Department of Human Services/Child Welfare
Oregon State Police
Sandy Policy Department
West Linn Police Department

PROTOCOL STATEMENT

(The MDT is mandated by Oregon Revised Statute 418.747)

Clackamas County MDT Mission Statement

The mission of the Clackamas County Multi-Disciplinary Team is to develop and maintain a professional team who share an interagency commitment to strengthen families, protect children in the community, prevent child maltreatment, and respond to and collaborate on allegations of child abuse and neglect.

Purpose Statement

Multidisciplinary teams (MDTs) are a team approach to the assessment, investigation, treatment and prosecution of child abuse cases. MDT members work in collaboration to address the needs of children and families served in their community and to facilitate a process in which professionals from diverse disciplines can work together more effectively and efficiently, using data to inform best practices and ensuring positive outcomes.

Protocol Goals

The MDT has a written protocol signed by representatives of all team agencies. The purpose of this protocol is to clarify each agency's duties and responsibilities and to improve agency coordination. The goals are:

- To collectively approach families in a strength-based and trauma-informed manner with an anti-oppression lens.
- Work to reduce disproportionality for children of color in the foster care system.
- To provide services that are in the best interest of the child and family.
- To conduct child abuse investigations in an expedited and effective manner while reducing the harm and trauma associated with investigations.
- To minimize the number of interviews and exams.
- To prevent the abuse of other potential victims.
- To increase the effectiveness of prosecution of both criminal and dependency cases.
- To provide information to all involved agencies in a coordinated and efficient manner.
- To engage in post-interview sharing and collaborative case planning**.**
- To connect children and their caretakers to resources for treatment in order to support children being with family or the least restrictive substitute care.

Each agency's participation shall be consistent with its commitment to the interests of children within the context of the agency's statutory obligations.

Non-Discrimination Statement

The Team does not discriminate in practice or law providing services based on race, religion, color, gender (sex), national origin, age, veteran status, sexual orientation, gender identity, disability, genetic information, or any other characteristic protected by law and also strives to be anti-racist in practice in order to eliminate disparities.

Diversity, Equity, and Inclusion Statement

Clackamas County Multi-Disciplinary Team acknowledges that racism and other forms of oppression have led to disparate impacts for children and families of color and other identities. The Clackamas County Child Abuse Multi-Disciplinary Team (MDT) is committed to serve as a national example by creating a diverse, equitable, and inclusive MDT. We

recognize the structural barriers many communities face in regard to discrimination, both historically and presently, and seek to redress those issues through ongoing interagency awareness and cooperation.

Furthermore, the Clackamas County MDT is committed to creating and maintaining an inclusive space for every member, and the public we serve, through three main approaches. The implementation of education and training, the evolution of policies, procedures, and practices, and by fostering an environment of growth, learning and cooperation into the culture of the MDT.

Composition of Team

The team includes, but is not limited to, representatives of: law enforcement, child protective services, prosecution, mental health, the medical profession, schools, public health, juvenile, victim advocacy, and the child advocacy center. See Member Agencies on page 3.

Responsibilities

- Oversee the system of care surrounding child abuse using outcomes data.
- Collaborate with mandatory reporters to increase awareness of abuse and reporting requirements.
- Provide a forum for education and discussion for assessment and review of cases.
- Provide a forum for brainstorming interagency issues, prioritizing identified issues, and developing plans to resolve these issues.
- Oversee the implementation of the interagency child abuse protocol. This includes review and update of the protocol as needed.
- Minimize trauma to children and families.
- Review the progress of the working team.
- Assist in the development of education and training for MDT agency members, with an emphasis on consistency and quality.
- Review and address system issues and evaluate system responses.
- Build and maintain effective working relations.
- Strengthen county-wide communication.
- Understand each other's roles and barriers.
- Staff difficult and high-risk cases.
- Ensure compliance with these protocol guidelines and with statutory mandates.
- Identify and pursue resources.
- Identify needed legislation.
- Maintain clear focus on mission and purpose.
- Address other relevant matters related to child abuse cases.
- Practice in a trauma-informed manner.

The district attorney, as statutory chair, shall designate a member of their staff to chair the MDT. The MDT chair shall have the responsibility and authority for setting up subcommittees to review and make recommendations to the team.

Records & Minutes

All information and records acquired by the MDT in the exercise of its duties are confidential. They may be disclosed only during a child abuse investigation or a child fatality review. Members of the Multidisciplinary Child Abuse Team can access a child's medical records without the consent of the child or the child's parent or guardian for the purposes of a child abuse investigation or a child fatality review. (ORS 418.795; ORS 419B.005.)

The MDT shares aggregate data, as deemed necessary. The MDT Policy and Management subcommittee will determine data to be tracked and shared system outcome goals and share data confidentially and/or de-identified and make system decisions around allocation of resources and practice changes to achieve the best outcomes.

Information shared electronically will be done so securely.

Minutes will be kept by the MDT coordinator and will be distributed to the members either before or at the next meeting.

The Clackamas County MDT meets on the fourth Thursday of the month (except November and December, when it meets on the third Thursday) The Clackamas County MDT chair is Senior Deputy District Attorney Scott Healy.

MDT Training & Ongoing Education

The MDT regularly provides relevant training and educational opportunities to its members of all disciplines. At the monthly MDT meetings, various disciplines educate the MDT members on relevant topics regarding child maltreatment intervention and investigation, best practices in supporting families and trauma informed care, and anti-oppression practices. Additionally, the MDT supports and sends participants to annual trainings focused on child maltreatment and family violence both locally and nationally. Disciplines also provide training outside of the structured meetings as needed at no cost to MDT members. The MDT also sponsors scholarships to members interested in attending conferences.

I. DEFINITIONS (See Appendix A, ORS 419B.005)

A. Child

"Child" means an unmarried person who:

- Is under 18 years of age; or
- Is under 21 years of age and residing in or receiving care or services at a child caring agency as that term defined in ORS 418.205.

"Child in care" means a person under 21 years of age who is residing in or receiving care or services from:

- A child-caring agency or proctor foster home subject to ORS 418.205 (Definitions for ORS 418) to 418.327 (Licensing of private residential boarding schools), 418.470 (Authority to pay for shelter-care homes), 418.475 (Independent residence facilities) or 418.950 to 418.970 (Definitions for ORS 418);
- A certified foster home; or
- A developmental disabilities residential facility as defined in ORS 418.257(4).

"Child in care" does not include a person under 21 years of age who is residing in any of the entities listed above when the care provided is in the home of the child by the child's parents. See expanded out of home care placement definitions in Appendix I.

B. Child Abuse

"Child abuse" means:

- Any assault, as defined in ORS chapter 163, of a child, and any physical injury to a child that has been caused by other than accidental means, including any injury that appears to be at variance with the explanation given of the injury.
- Any mental injury to a child, which includes only observable and substantial impairment of the child's mental or psychological ability to function, caused by cruelty to the child, with due regard to the culture of the child.
- Rape of a child, which includes but is not limited to rape, sodomy, unlawful sexual penetration, and incest, as those acts are described in ORS chapter 163.
- Sexual abuse, as described in ORS chapter 163.
- Sexual exploitation, including but not limited to:
  - Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct that allows, employs, authorizes, permits, induces, or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording, or other exhibition which, in whole or in part, depicts: sexual conduct or contact, as defined in ORS 167.002 or as described in ORS 163.665 and 163.670; sexual abuse involving a child; or the rape of a child; but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and
  - Allowing, permitting, encouraging, or hiring a child to engage in prostitution or to patronize a prostitute, as defined in ORS chapter 167.

- The Child Abuse Multi-Disciplinary Team recognizes that sexual and labor exploitation of a minor is child abuse. A child, however, who is a victim of such exploitation suffers from a unique set of circumstances and victimology that can possibly be outside the scope of these protocols and therefore, the Child Abuse Multi-Disciplinary Team encourages its members to use their best judgment and if they feel the protocols of the Clackamas County Human Trafficking Multi-Disciplinary Team are appropriate the members are encouraged to use them. The Human Trafficking MDT protocols are attached in Appendix F of these protocols as a resource guide.

- Negligent treatment or maltreatment of a child, including but not limited to a failure to provide adequate food, clothing, shelter, or medical care that is likely to endanger the health or welfare of the child.

- Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.

- Buying or selling a person under 18 years of age, as described in ORS 163.537.

- Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines or other drugs are being illegally manufactured.

- Unlawful exposure to a controlled substance, as defined in ORS 475.005, that subjects a child to a substantial risk of harm to the child's health or safety.

II. REPORTING ALLEGATIONS OF CHILD ABUSE

A. Reporting party makes allegation. (See ORS 419B.005–419.015, which defines child abuse and outlines the reporting process.) Reporting parties include:

- Voluntary reporters (e.g., victim, family, friends, neighbors).
- Mandatory reporters and all employees of agencies, including schools, medical providers, law enforcement, clergy, psychologists, and licensed day care providers. (See Appendix A: ORS 419B.010: Duty of Officials to Report.)
    - Any mandatory reporter who has reasonable cause to believe that a child has been abused must either make a report or cause a report to be made by following the procedure set forth in section B. (See Appendix A: ORS 419B.015.)
- Allegations of child abuse must be made to ODHS/CW by calling the Child Abuse Hotline **1-855-503-SAFE (7233)** or to LEA. Each agency, ODHS/CW, and law enforcement has an obligation to immediately notify the others regarding any report of child abuse within 24 hours. This is called cross-reporting (See Appendix A: ORS 419B.015; ODHS IB.2, OAR 413-020-0275 to 0285).

B. School Reporting Requirements and Records

- Each school district must develop policies and procedures consistent with the law (Mandatory Reporting ORS 419B.015) for the reporting of child abuse and subsequent investigation on school premises.
- Schools will partner with ODHS and MDT to reduce conscious and unconscious bias in reporting through training and procedure development.
- Disclosure of information related to child abuse is legally required. Confidentiality of student records is not a reason to withhold knowledge of alleged child abuse.
- Per Oregon Senate Bill 101 and Senate Bill 1540, school personnel are required to follow specific rules regarding the investigation of child abuse cases when contacted by LEA/DHS. This includes school personnel not notifying any person or family member of LEA/ODHS investigations or interviews related to child abuse investigations.
- Any report generated as a result of this contact shall not be part of the child's school record.

III. REPORT RECEIVED

A. Oregon Child Abuse Hotline (ORCAH)

ODHS/ORCAH shall receive and assess all reports of suspected child abuse.

1. An ODHS/ORCAH screener will collect data for the initial report including the following:

- Use family-centered questions, to assure critical information and to learn the best approach and engagement strategies for each individual family.
- Gather relevant information to the extent it is known by the reporter regarding demographic information, the extent of the alleged abuse, the circumstances surrounding the alleged abuse, and any child vulnerabilities. The screener must review the Child Welfare history, if any, of the alleged victim, every identified child or young adult, parent, caregiver, and household member for the report dates, types of abuse alleged, screening decisions and CPS assessment dispositions.
- Determine the location and corresponding legal jurisdiction of the family's residence and the site where the alleged child abuse or neglect may have occurred.

2. An ODHS/ORCAH screener will evaluate all information gathered and assign the report for CPS assessment if required by OAR 413-020-0211(4), close the report at screening, or forward the report to the Office of Training, Investigation and Safety (OTIS) when information involving a setting or third party that is not the responsibility of Child Welfare to assess.

3. ODHS/ORCAH will complete cross report and notifications as outlined in OAR 413-015-0305. A cross report must be made the same day the screener determines the report requires a 24-hour response, and all other reports of abuse, including reports assigned for CPS assessment and closed at screening, must be cross reported within 10 days.

- If ODHS/CW is notified by LEA that the incident did not occur in its jurisdiction, ODHS will document the date and time of referral to the correct LEA.
- If a CW worker is not assigned and the case is closed at screening, an appropriate referral can be made to community resources outside ODHS/CW, such as Children's Center or Healthy Boundaries & Behaviors(HBB), Self Sufficiency, etc.

B. Investigating Child Abuse Allegations

1. ODHS/CW and LEA should make reasonable efforts to investigate the allegations together. This will satisfy both agencies' requirements while avoiding the duplication of interviews. Nothing in this protocol prohibits LEA from providing ODHS a cross report receipt acknowledgment and/or suggested courses of action at the onset of an assessment.
2. Investigations shall be conducted in a manner set forth by the policies of the respective agencies; the lead investigator from both agencies shall communicate

with each other about actions taken. ***Reducing trauma to children, families and community will be a primary focus alongside assessing safety and supporting families.*** If contrary courses of action between LEA and ODHS occur, the agencies should consult immediately with respective supervisors.

3. As the primary investigator, when ODHS/CW or LEA is responding to a report of physical injury it is that agency's responsibility to immediately respond to and photograph suspicious injuries and forward the information to the DMP, per Karly's Law. For further information and explanation, see Appendix A.
4. ODHS/CW and LEA are required by ORS 419B.015 to notify each other when a report of child abuse is received. This means when LEA receives an allegation of child abuse, ODHS/CW must be notified immediately and an investigation by both agencies may be initiated. When ODHS/CW receives an allegation of child abuse, LEA must be notified immediately and an investigation by both agencies may be initiated (See Appendix A: ORS. 419B.020).
    - If LEA receives an allegation of child abuse and determines the incident did not occur in the reported jurisdiction, the LEA receiving the report shall notify the proper jurisdiction of the incident**.**
    - If the Oregon Child Abuse Hotline or other ODHS entity (ODHS caseworker, OTIS, etc.) inadvertently sends a child abuse allegation to LEA in the incorrect jurisdiction, LEA must notify ODHS of the proper jurisdiction. ODHS is then responsible for getting the reported allegation to the correct LEA jurisdiction.

If this is a report of domestic violence where children are present, ODHS/CW should be notified. The assistance of a victim's advocate from Clackamas County District Attorney Victim Assistance may be requested, as needed, for both adult and child victims.

5. <u>Prioritizing Investigations</u>

An investigation begins when an assessment is required by OAR 413-015-0211. Triage and Oregon Child Abuse Hotline cross reporting are required. The investigation should begin with a thorough examination of the victim's safety from the alleged offender. Assess risk to the child(ren) and other family members and determine the need for emergency placement or shelter.

- An immediate response from ODHS and/or LEA may be required based on the following factors to include but not limited to:
    - Information obtained from the reporting person.
    - Age of the child.
    - Present location of the child.
    - Immediacy of harm.
    - Vulnerability of child including age.
    - Severity of reported abuse or neglect.
    - Location of physical damage.
    - Potential applicability of Karly's Law.
    - Physical conditions of the dwelling unit.
    - Access of the suspect to the child; and the availability of a responsible person to temporarily help or intervene.
    - And the following emergency report criteria:
        - The child is afraid of harm from the suspect if (s)he returns home.

- The likelihood that a family may move.
- The possibility that important evidence may be lost.

- The ODHS worker shall consult with ODHS supervisors and seek assistance from LEA if the report contains any of the following emergency factors:
  - A young child left unsupervised for any period of time to the extent that the child's immediate needs go unmet, including a child left in the care of another child unable to be protective or inadequately supervised for long periods of time or when engaged in dangerous activities. A child under the age 10 should be closely considered for action under this section.
  - Injuries such as welts, bruises, lacerations, and abrasions on an infant or toddler (see immediate medical evaluation as injuries may be difficult to see but may be severe. Prompt diagnosis and treatment are imperative and may make the difference between life and death).
  - Instances where a child sustains suspicious serious physical injuries such as fractures, head injuries, dislocation, sprains, internal injuries, burns or scalding. Information surrounding the circumstances, explanation of how the injury occurred, and any input from medical professionals should be obtained.
  - Serious illness includes a life-threatening medical condition of a child, including suicidal ideation, for which a parent is unwilling/unable to obtain medical advice/treatment, including those illnesses resulting from parental abuse or maltreatment. Illnesses resulting from parental abuse and maltreatment include, but are not limited to: failure to thrive, malnutrition, dehydration, poisoning or ingestion of noxious substance, and newborn drug/alcohol withdrawal when the infant is not hospitalized.
  - Severe or unusual punishment such as burning or scalding, twisting of limbs, severe restraint as a means of punishment, and/or in appropriate punishment, such as spanking of an infant.
  - Sexual abuse complaints where the suspect is still present in the child's environment and/or has access to any child, particularly those cases in which the suspect is aware that a disclosure has been made.
  - Drug manufacturing or distributing locations where children are present, creating an immediate risk to the safety of the child(ren) in the household. Investigations of this nature may also reveal evidence of child neglect.
  - Any case where domestic violence, familial violence or other violence, or law enforcement contact has created an immediate risk to safety of a child in the household.
  - Any case where the ODHS worker suspects or receives a report that a crime may have been committed.
  - <u>NO CHILD SHOULD BE EXCLUDED FROM IMMEDIATE ATTENTION MERELY BECAUSE THE EMERGENCY FACTORS ARE NOT PRESENT.</u>

- Whenever possible, the ODHS worker should coordinate assessment activities with LEA in the following situations:
  - Family cooperation: 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.
  - Protective custody: When the ODHS worker has information that a child

may need to be placed into protective custody.
- Worker safety: When the ODHS worker has information that indicates the family behavior, circumstances or situation could pose a danger to the ODHS worker.

6. Interviews with children and adolescents

   Interviews in the field should be considered minimal fact interviews and only done when information cannot be gathered from collateral sources. The child should be referred to the Children's Center for a full interview, unless there are circumstances in which the investigating party needs additional information urgently, such as the child's safety is at risk, concern for the loss of evidence, the child or legal guardian refuses Children's Center interview, and/or other reason deemed necessary by the investigating party. Effort should be made to avoid duplicative interviews.

7. Investigations in a school environment

   - Investigations on school premises are under the direction and authority of the investigating LEA or ODHS/CW. (Appendix A: ORS 419B.045.)
   - The investigator decides who may be present at the child interview. The investigator may consider having a staff member present if this would facilitate the investigation.
   - All school administrators and staff members must keep information that transpires during an investigation confidential. The information shall not be part of the child's school records.

8. Investigations of abuse in child care facilities

   When investigating child abuse in a childcare facility, ODHS will:

   - Notify the Office of Child Care of the name of the childcare facility and the nature of the report.
   - With the Office of Child Care, determine notification of parents of the other children in the childcare facility immediately that a report of suspected abuse has been received and is being investigated. These parents will also be notified that their children may need to be interviewed.

9. Office of Training, Investigations and Safety (OTIS)

   - OTIS performs investigations involving non-familial abuse of children under the statutory authority of the Oregon Department of Human Services (ODHS). This includes investigations conducted in Child-Caring Agencies (CCA), in 24-hour group homes for children with Intellectual/Developmental Disabilities (I/DD), foster care homes licensed by either the Office of Developmental Disabilities Services (ODDS) or the Oregon Youth Authority (OYA), schools, day care centers or by third party abusers, etc. See the definition of "Child in care" on Page 7.
   - As detailed above, OTIS, ODHS/CW and LEA should make reasonable efforts to investigate child abuse allegations in coordination with one another. This will usually satisfy all agencies' requirements while avoiding the duplication of interviews. Nothing in this protocol prohibits LEA from providing OTIS or ODHS a

cross report receipt acknowledgment and/or suggested courses of action at the onset of an assessment or investigation.

- Investigations shall be conducted in a manner set forth by the policies of the respective agencies; the lead investigator from any of the agencies shall communicate with each other about actions taken. ***Reducing trauma to children, families and community will be a primary focus alongside assessing safety and supporting families.*** If contrary courses of action between LEA and OTIS or ODHS occur, the agencies should consult immediately with the respective supervisors.

- OTIS will make every effort to comply with the protocols established by the Clackamas County Child Abuse MDT while conducting and coordinating their investigations.

C. Protective Custody

1. LEA protective custody

- When a child's surroundings reasonably appear to jeopardize the child's welfare, the investigating officer has the authority to remove the child from the dangerous environment and take the child into protective custody. (Appendix A: ORS 419B.020.)

- The investigating officer is authorized by law to take a child into protective custody; however, this determination requires a subjective evaluation and should be made in cooperation with ODHS/CW.

- When there is a court order to take a child into protective custody, and ODHS requires LEA assistance to do that safely, LEA will assist and coordinate with ODHS.

- The investigating officer should contact the Child Abuse Hotline, **1-855-503-SAFE (7233)**, regarding a child's removal from the home.

- When a child is placed in an emergency shelter, the investigating officer must submit police reports to ODHS/CW by 9:00 a.m. on the following business day. A judicial hearing will be held the following judicial day.

- If reports are not obtained in a timely manner for petitions to be filed for court, it may result in the child being returned to the parent's custody.

- When a child is taken into protective custody, the custodial parents will be notified in a timely manner by the investigating officer.

2. ODHS Protective Custody

- The CW worker may take a child into emergency protective custody when there is severe harm or threat of severe harm to a child in the present and law enforcement assistance is not available.

  If there is any resistance or threatened resistance to the child's being taken into protective custody, which creates a substantial risk of physical injury to any person, the CW worker may not take the child into custody but must wait for law

enforcement assistance or obtain an order of protective custody from the juvenile court.

- As provided in ORS 419B.171, when taking a child into protective custody without a court order, the person taking the child into custody must promptly file a brief written report with the court called a Protective Custody Report. A written report is required even if the child is released to a parent or other responsible person prior to a shelter hearing. The written report must be completed and sent to the court the day the child is taken into custody or no later than the morning of the next business day.
- If the child is not released to a parent or other responsible person but is retained in protective custody, a shelter hearing must be scheduled as required by ORS 419B.183.
- If a child is placed in protective custody, the CW worker must notify parents, including non-custodial parents, caregivers, and the child's tribe, if applicable, in writing immediately.
- The CW worker or designees must immediately make diligent efforts to identify legal parents and any putative fathers after a child is taken into protective custody.

D. ODHS/CW Assessment and Case Management

1. Assessment

- Upon the assignment of an alleged abuse or neglect case to a CW or OTIS worker, the case is assessed for safety threat to the child(ren) and parental caregiver's capacity to protect. The focus of the assessment is the safety of the child(ren) and family, not a criminal investigation. The criminal investigation is the responsibility of the law enforcement agency.

- Components of the ODHS/CW or OTIS assessment include:
  - Research of ODHS/CW and law enforcement records for prior allegations, referrals, or services.
  - Initial victim interview.
  - Interviews with collateral contacts (including but not limited to school personnel, neighbors, friends, family, all children in the home, legal parents and non-custodial parents, and medical personnel).
  - Interview with the alleged perpetrator in coordination and cooperation with law enforcement.
  - Medical evaluation and specialized interviewing of the child victim, which should be done at the Children's Center as a primary resource to avoid duplicative interviews.
  - Coordination with law enforcement and the DA's office in establishing the need for legal intervention.
  - During a child sexual abuse investigation, if ODHS/CW asks a parent, caregiver, or guardian to leave the home voluntarily, the department shall notify (in writing) the DA responsible for the MDT within three business days of the parent's departure.

- The parent, guardian, or caregiver may ask the DA to review this case. The DA and the MDT will review the matter within 90 days of the request to consider the

following:

- Whether or not the investigation should continue.
- The welfare of children and adults in the home.
- The timeline for completion of the investigation.

The DA will provide the requestor with a summary of this review.

- **Safety analysis**

  The purpose of completing the safety analysis when all the information is gathered is to fully and accurately understand and explain how safety threats are occurring in the family and to determine the necessary level of ongoing safety intervention required, if any, to ensure child safety.

  Refer to ODHS, Child Welfare Administrative Rules, Policies and Procedure for more detailed information and documentation requirements.

- **ODHS/CW Family Support Services**

  A request for Family Support Services is made by contacting the Oregon Child Abuse Hotline. To determine whether the information falls within a family support services category, the screener must determine the following:

  The information is not a report of alleged child abuse or neglect and it does not include information that a child is unsafe. A request for family support services must fall within one of the following categories:

  - Request for Placement;
  - Request for Independent Living Program Services;
  - Request for Post Legal Adoption or Post Guardianship Services; or
  - Request for Voluntary Services.

- **ODHS and Juvenile Court**

  To initiate formal proceedings, a petition must be filed with the juvenile court. The decision to file is normally a joint decision of ODHS and the AAG. In determining whether to file a petition, the agencies will review the entire case history, including police reports, medical records, and ODHS/CW records, when available.

- **Preliminary hearing**

  If a petition is filed, a preliminary hearing before the juvenile court will take place. A preliminary hearing is the first appearance before the juvenile court and is designed to resolve such matters as assessing the present risk to the child and determining the child's placement status in a manner least intrusive to the family and consistent with the safety needs of the child. The parties are apprised of the allegation, and counsels are appointed.

  After the filing of the petition, ODHS will continue its investigation and assessment of the case. The filing of a petition does not necessarily mean that a formal adjudication will take place. ODHS will continue its effort to resolve the case informally; however, if informal efforts fail, a formal adjudicative hearing must follow.

- **Disposition**

  With jurisdiction established, ODHS/CW presents to the court its social report and

recommendation. The report may include a family history, medical and psychological evaluations, an assessment of safety needs of all family members, evaluation of proposed safety service providers to manage in-home safety, a summary of the law enforcement investigation, an assessment of family dynamics and risk to child, determination of the needs of the child, and results of family meetings.

After consideration of the recommendations, the court makes its order. A dispositional order is a continuing one, subject to review. The court may review the case any time and must review it as statutorily required. Typically, legal custody and guardianship is granted for implementation of case management.

2. Case Management

The focus of ODHS/CW supervision is to achieve a permanency resolution to the case as soon as possible while ensuring protection of the child by reducing risk of harm, improving family functioning, and assisting the family in complying with the orders of the court.

ODHS/CW case planning and services should:

- Utilize the practices of Oregon Safety Model (OSM).
- Address the jurisdictional findings that resulted in wardship and ODHS/CW custody.
- Ensure child safety by incorporating the needs, resources, perspectives, and best interests of the child and family.
- Engage the family in case planning and service development by establishing conditions for return and expected outcomes.
- Be integrated with other agencies and community resources.

E. Children's Center/Child Advocacy Center

- Children's Center is the Designated Medical Provider (DMP) for child abuse evaluations in Clackamas County.
- The Center provides age and developmentally appropriate medical examinations and forensic interviews. The Center also provides referral information for therapy services and crisis intervention for families via the family support team. Therapy services are offered at the Center for children who meet criteria. The Clinical Outreach Specialist for HBB (Healthy Boundaries and Behaviors) is also located at Children's Center and provides support on problematic sexual behaviors in children.
- Children should be referred to the Center when there are concerns for neglect including DEC (drug endangered child), physical abuse, sexual abuse, emotional abuse including exposure to violence, witness to a critical incident, and other types of maltreatment. Children can also be referred for recantation interviews.

1. **Referral:**
   To refer a child into the Center, call **503-655-7725** and ask to speak to intake staff or the referral can be sent via email to **intake@childrenscenter.cc**. Children's Center is available to offer phone consultation triage and evaluation scheduling weekdays, 8:30 a.m. to 5:00 p.m. For urgent medical emergencies or issues after hours and weekends, call **503-655-7725** and follow prompts to be directed to the on-call medical provider.

- Intake will ask for basic demographic information, the history of maltreatment concern, languages spoken in the home, and contact with family and offender.
  - If necessary, intake will arrange for an interpreter to be present at the evaluation.
- Intake will ask for the following information, if applicable: recent/pertinent health records, release of information for therapist, reports from community partners, and/or prior interviews.
- The intake team will alert the referrer if it is felt that the evaluation would not be beneficial to the child.
- The intake team coordinates the evaluation with community partners and caregivers.
- Community partners investigating the concerns of maltreatment, such as law enforcement, OTIS, and ODHS, are expected to share relevant information to the Center in advance of the evaluation, if possible, to ensure the evaluation will be beneficial for the child and decrease duplication of information gathering and interviewing.
- A legal guardian must consent for the evaluation, unless the child is fifteen years of age or older and willing to consent for themselves. Exceptions can be made per ORS 109.575.

2. <u>Reasons for referral:</u>

Children may be referred to Children's Center if there is reason to believe they have experienced any form of maltreatment. A full list and definitions are in Appendix D. Children's Center accepts referrals for children ages birth to 18, although exceptions can be made for persons who recently turned 18 and developmentally delayed adults.

- **Sexual Abuse, Sexual Assault, or Exploitation**
  A full list and examples of reasons why children and adolescents should be seen at the Children's Center is listed in Appendix D. In brief, children and adolescents should be seen at the Children's Center any time there is any type of sexual contact between a child and adult. Adolescents should be seen at the Center when there are concerns of forced or coerced sexual contact or acts. Children and adolescents should also be seen for any concerns of sexual exploitation including online and/or in person acts. CSEC victims and CSAM victims can also be referred to the Center. As there are various types of sexual contact that a child or adolescent may experience, please call the Center if there are concerns for any type of sexual maltreatment.
- Children are seen at Children's Center for both acute and non-acute, including historical, concerns for sexual abuse. If a child is urgently seen for sexual abuse in an emergency room setting, in many cases, they frequently still require an evaluation at Children's Center as they may not have had a complete assessment for child abuse and neglect. Children's Center should be contacted as soon as possible to ensure the child has received needed care and to determine if an additional evaluation is needed.
- Children who are impacted by PSB (problematic sexual behavior) can be seen at Children's Center. The Center does not interview the child who initiated PSB

about their actions but may be able to interview about their experiences if there are concerns that the child has experienced maltreatment.

- Children's Center providers will determine if testing is needed for sexually transmitted infections. Blood draws are not currently performed at the Center, but urine and swab collection are done to screen for medical needs and treatment.

- A child may need to be seen on an urgent basis if:

  - Sexual contact has occurred within the last 120 hours depending on the child's age and type of sexual contact. If a child is in need of a SAFE kit outside of Children's Center's normal hours of operation, the child should be taken to Randall Children's Hospital (RCH) (only hospital if child is under 15 years of age) or another hospital that has SANE capabilities for children 15 years of age and older. Please see Appendix I for additional information on hospitals.
  - The child has made a recent abuse disclosure and has anogenital complaints (e.g., injury, pain, bleeding, or discharge).

- **Physical abuse**:

  A full list and examples of reasons why children and adolescents should be seen at the Children's Center is listed in Appendix D. In brief, children and adolescents should be seen at the Children's Center any time there is any concern for physical injury to a child or adolescent that may have been caused by a caregiver, adult, peer, or partner. This can include assault as well as physical abuse. Young children who live in a household where another child has been abused should be evaluated for possible injury. A child should be seen if there are concerns for an injury or abuse despite there being no visible injury. As there are various types of physical abuse and assault that a child or adolescent may experience, please call the Center if there are concerns for any type of physical maltreatment.

  A child may need to be seen in the emergency department if there is impairment of the child's functions, there is an injury requiring emergent treatment (fracture, burn, bleeding), the child is acting abnormally, or the child is in significant pain.

  Imaging is not done at the Center but can be ordered at outside facilities by the medical providers.

  Many children will need to be seen urgently, per Karly's Law. Children with a physical injury in which there is suspicion or knowledge that the injury is from non-accidental means are considered part of Karly's Law and need to be seen medically by the Designated Medical Professional (DMP) within 48 hours. Photographs (except of the anogenital area) should be taken immediately and send to the DMP. Please see Appendix E for details and process of Karly's Law.

- **Neglect**:

  Neglect is a form of trauma and can occur in a single circumstance or over a period of time. Chronic neglect is a persistent pattern of family functioning in which the parent/caregiver does not sustain or meet the child's basic needs,

resulting in an accumulation of harm that can have long-term negative effects on the child.

Child is harmed or at risk of harm due to a neglectful episode or neglectful behavior by caregiver, even though these acts may be outside the parent's or caretaker's control (e.g., mental illness, extreme poverty, disability, addiction). A child may be referred to Children's Center for any type of neglect. A full list is in Appendix D, but, in brief, may include physical neglect, medical neglect, dental neglect, educational neglect, supervisory neglect, and drug endangerment.

In cases of drug endangerment, a child may need to be seen urgently to obtain a urine sample. Children who have been acutely exposed to drug use (within the last 72 hours) can have urine testing for drugs of abuse. This can be done at Children's Center, Legacy Metrolab locations (only toilet trained children), or Randall Children's Hospital (RCH). Children can also have hair testing for drugs of abuse at Children's Center which is reflective of the prior three months of exposure. If you have a child who may need to be seen urgently for urine drug testing, please call Children's Center as soon as possible to refer child in. Hair testing is typically done on children 12 years of age and younger but can be done in older children on a case-by-case basis.

- **Emotional Abuse and Neglect:**

  Psychological or emotional maltreatment may be the most challenging and prevalent form of child abuse and neglect and can include acts of omission and commission. This type of maltreatment negatively affects the child's or adolescent's development in many areas. It can cause disorders of socialization and attachment, behavioral, developmental, and educational problems, and later psychopathology. Although emotional abuse is a common consequence of other types of abuse, this can also occur as a distinct entity. It is defined as a pattern of damaging interactions between caregiver and child. A full list of definitions is in Appendix D. In brief, this may include witness to violence, spurning, terrorizing, isolating, exploiting/corrupting, denying emotional responsiveness, rejecting, isolating, unreliable/inconsistent parenting, inappropriate/impossible/emotionally distressing punishments, and neglect mental health, medical, and educational needs. Witnessing Domestic Violence or Intimate Partner Violence is a form of emotional abuse. Partner agencies may use the term "Mental Injury" for this type of maltreatment.

- **Medical Child Abuse**:

  Medical child abuse (MCA) occurs when a child receives unnecessary and harmful or potentially harmful medical care at the instigation of a caregiver. Cases in which there are worries of MCA are often complex, with significant and potentially voluminous medical records to review. These cases may be referred to Children's Center and discussed with the medical provider to determine the best approach.

3. <u>Medical examinations</u>:

The medical examinations conducted at the Center will be performed by medical providers with current licenses and training in the field of abuse and neglect.

The medical examiner will determine what portions of the examination are needed, and, if possible, respect the child's wants regarding their body boundaries.

The purpose of medical examinations is to ensure the health, safety, and well-being of the child; evaluate, document, diagnose, and address medical conditions, developmental or behavioral problems which may be the result from abuse or non-abuse.

The examiner will educate and provide information regarding the child's exam to the child and family, if indicated.

Differential diagnoses and referrals to be provided, as deemed appropriate by the medical provider.

The medical provider will coordinate with the family support team and refer as needed to emergency services if there are concerns about the patient's mental health.

Colposcopy is used by the clinic when deemed necessary by the medical provider. Medical findings in sexual abuse cases which are deemed abnormal, concerning, or diagnostic for abuse are peer reviewed by other members of the trained medical team.

Medical providers maintain knowledge in the field of Child Abuse and Neglect by attending conferences, reading relevant literature, and participating in peer review discussions.

4. **Forensic interviews:**

All formal forensic interviews conducted at the Center are performed by trained professionals who have completed Oregon Child Forensic Interview Training (OCFIT) and practice according to the Oregon Interviewing Guidelines (OIG).

The forensic interviewer will determine if the child or teen is appropriate for a formal, recorded interview. The child or teen will provide verbal consent for the formal interview.

The forensic interviewer will determine if interview aids and/or the introduction of evidence is helpful in facilitating the child's disclosure.

Formal interviews at the Center are digitally recorded.

These recorded interviews are maintained by the Center and only released to law enforcement investigating the current concerns or if an appropriate subpoena and protective order are provided.

Interviewers maintain knowledge in the field of Child Abuse and Neglect by attending conferences, reading relevant literature, and participating in peer review discussions.

5. **Family support**:

The family support team provides advocacy, crisis intervention, mental health

referrals, and education to supportive caregivers. The team will provide additional community resources and referrals, as deemed necessary.

The family support team consists of bachelor level and master level clinicians who are trained in and participate in ongoing training of child maltreatment and trauma.

The family support team member is present at the evaluation to meet with the supportive caregivers, and provide intervention and education as needed. The family support provider follows up with the caregivers after the evaluation is completed to provide additional support and assess what additional resources are needed.

The advocates for the District Attorney's office will provide victim advocate services for court related activities and long-term needs. The family support specialists communicate with the DA advocates regarding needs and referrals of families.

6. Evaluations

The evaluations at the Center regularly involve a pre-evaluation meeting with investigating community partners to review the maltreatment concerns, a review of medical and social history with a caregiver, the child's medical exam and interview, a post-evaluation debriefing with the community partners, and a debriefing with recommendations for the caregiver. During the child's evaluation, the family support team member meets with the caregiver present. Although this is the expected process, it is altered depending on the case circumstances and persons available for the evaluation.

Community partners investigating the concerns of maltreatment, such as law enforcement and ODHS, are invited and expected to be present at the Children's Center evaluations, if possible. Partners are expected to share relevant information and reports to the assessment team. If community partners are unable to attend an evaluation, the clinical team will share information regarding the evaluation in a secure manner afterwards.

Children's Center reports are generated by the medical provider and forensic interviewer who evaluated the child or teen within a timely manner. These reports will include the findings of the medical evaluation and forensic interview. These reports are only released to the investigating parties or when an appropriate subpoena and protective order or ROI (release of information) are provided.

Information regarding the evaluation is provided to MDT members verbally or electronically in a secure fashion.

VI. CRIMINAL PROSECUTION
(Prosecution and Disposition of Offenders)

A. Adult Offender Procedures

1. Pre-charge investigation

- Investigators are encouraged to consult with the deputy district attorney (DDA) regarding any legal issues that arise during or from the investigation.

2. Initiation of legal proceedings by the DDA

- The DDA has discretion and responsibility for initiating legal proceedings.
- The DDA reviews reports submitted by police and ODHS/CW to determine appropriate charges to be filed:
  - Incomplete reports are returned to the agency for completion of documentation or evidence analysis.
  - When further investigation is required, the case is returned to the agency for follow-up.
  - The DDA may consult with police, victims, witnesses, attorneys, victim advocates, ODHS/CW, youth counselors, family, and friends as necessary.
  - Investigating officers may resubmit cases to the DDA with additional information that will assist in the prosecution.
- Procedures when prosecution is declined:
  - The DDA sends a written notice to the law enforcement agency that investigated the case.
  - The DDA directs victim advocates to inform victims.
  - The DDA informs other interested parties of the decision.
  - The decision to decline may be subject to re-evaluation depending on new information received in the investigation.

3. Pre-Trial

- The DDA will consult with the victim's family before completing negotiations on a case.
- Each case involving a Measure 11 crime will be staffed by the Measure 11 committee before an offer is made.
- A Measure 11 committee consists of the Chief Deputy District Attorney, the Senior Deputy District Attorney, and the DDAs assigned to the persons crime team. The committee will consider all appropriate factors in making plea offers.

4. Trial

- The DDA decides whether to proceed to trial and makes all the decisions during the course of the trial.
- Both the DDA and the victim advocate are available to support the victim during the course of the trial.

- The defendant has the right to elect to have the case decided by either a jury or a judge.
- Depending on the victim's age and mental ability, a pre-trial competency hearing may be required to determine if the witness is competent to testify in court.
- A jury in a jury trial or a judge in a court trial decides the defendant's guilt or innocence and renders a verdict on each charge. The defendant is subsequently sentenced by the court. This could include a probationary sentence, a jail sentence in Clackamas County, or a sentence to prison with the Oregon Department of Corrections.
- The victim has the right to make a victim impact statement to the Court at sentencing.

5. Assignment of Clackamas County DA Victim's Advocate

An advocate through the Clackamas County District Attorney's Office is available to support victims of crime in Clackamas County. CCDA Advocates are available to respond at the time a crime report is made to support the the victim, or at any point after the initial report has been made.

If the victim has not had contact with an advocate prior to a case being submitted to the DA's office, one will be assigned at that time.

Advocates provide:

- Crisis intervention and on-going emotional support
- information regarding the criminal justice system
- Information and support to exercise their victim rights,
- Appropriate community referrals to support healing and recovery,
- assistance in accessing Crime Victim's Compensation,
- accompaniment to interviews with law enforcement and DDA's,
- Information to help the victim and their family understand court hearings to make informed decisions about their participation in the criminal justice system
- court accompaniment,
- assistance with protective orders,
- and other advocacy services as needed.

B. Youth As Offender: Delinquency & Dependency Cases

For details on how youth who are alleged offenders are managed in the juvenile justice system in Clackamas County, please refer to Appendix H.

APPENDICES

A. Child Abuse Legislation –Links to Oregon Statutes
- Child Abuse Reporting Statute
- Multi-Disciplinary Team Enabling Legislation
- ODHS Cross Reporting Policy (OAR 413-015-0300 – 413-015-0310)
- Karly's Law – HB 3328 & HB 2449
- Megan's Law - OR 163.005 – 163.235
- Jessica's Law – ORS 137.00
- School Reporting Requirements & Records – SB 1540 & SB 101

B. MDT Case Review Protocol (Sensitive Case & Child Fatality)

C. DEC Protocol

D. Definitions and Reason for Referral to Children's Center

E. Karly's Law Definition and Procedure

F. CC Human Trafficking MDT Protocol

G. Healthy Behaviors & Boundaries Team (HBB)

H. Juvenile Justice Procedures

I. Expanded Child Abuse Definitions (Out of Home Care Placement)

J. Case Consultation Phone Number

K. Child Abuse Acronyms

L. Interagency Agreement

APPENDIX A

Child Abuse Legislation – Links to Oregon Statutes

1. **Child Abuse Reporting Statute (ORS 419B.005 – 419B.050)**
   https://www.oregonlegislature.gov/bills_laws/ors/ors419b.html

2. **Multi-Disciplinary Team Enabling Legislation (ORS 418.746 – 418.800)**
   https://oregon.public.law/statutes/ors_418.746

3. **ODHS Cross Reporting Policy (OAR 413-015)**
   http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_15.pdf

4. **Karly's Law HB 3328 & HB 2449**
   https://www.doj.state.or.us/wp-content/uploads/2017/06/karlys_law_summary.pdf

5. **Megan's Law ORS 163.005 – 163.235**
   https://www.oregonlegislature.gov/bills_laws/ors/ors163A.html
   Megan's Law was enacted in 1996 after seven-year-old Megan Kanka was raped and murdered by a sexual predator. It requires the registration of sex offenders, and public notification of private and personal information regarding registered sex offenders.

6. **Jessica's Law**
   https://oregon.public.law/statutes/ors_137.700
   This law requires a 25 year mandatory minimum sentence for adults convicted of raping, sodomizing or sexually penetrating a child under 12 years of age.

7. **School Reporting Requirements & Records – SB 1540 & SB 101**
   ORS 419B.045
   https://www.oregonlegislature.gov/bills_laws/ors/ors419B.html
   Investigation conducted on school premises; notification; role of school personnel

APPENDIX B

CLACKAMAS COUNTY CASE REVIEW PROTOCOL

A. Purpose

- To address potential procedural flaws in the investigation, learn from an examination of those processes and to develop a constructive response consistent with the policies and procedures adopted by MDT.
- To provide a formal process for exchange of information among team members and agencies.
- To increase interagency collaboration, maximize efforts of all team members, and build cooperation among participating agencies.
- To encourage accountability among team members and agencies.
- To promote team sharing of knowledge, experience and expertise.
- To ensure the needs of children are met sensitively, effectively and in a timely manner.
- To support professionals in carrying out their mandates and fulfilling their roles.

B. MDT Case Review Team

Any member of the MDT may attend Case Review. Designated attendees include law enforcement, mental health, medical, child advocacy center, prosecution, AAG, ODHS and victim's advocate.

C. Confidentiality

- MDT members must maintain confidentiality of the cases presented for case reviews once outside of the MDT Case Review meeting.
- Members will sign confidentiality statements prior to beginning the meeting. The meetings are not subject to public records law. Findings of the team may be made public through agreement of members of the team when necessary to promote preventability.
- Confidential materials will be turned in to the MDT Coordinator at the end of the meeting.

D. Case Selection

Examples include:

- Cases involving multiple agencies
- Active or resolved cases
- Declined cases
- Multiple victim cases
- Complex cases
- High profile cases
- Cases that highlight a gap in the system
- Cases that highlight a learning opportunity
- Cases that illustrate a success, strength of MDT

E. Frequency of Case Reviews

- MDT Case Review meets on the 2nd Tuesday of the month from 9:45 am to 12 pm.
- Cases will be reviewed in 30-minute increments. If a case is going to require additional time, this should be requested when placing case on agenda.

F. Coordination

- Any MDT member may choose a case to present.
- The MDT member who selects a case for review will contact the Case Review Coordinator at least one week prior to meeting and provide the following information: Name of Child, Child's DOB, Name of Mother, ODHS Caseworker (if assigned), LEA (if assigned), a brief review of the case, and a question for the team
- The Case Review Coordinator will create and send agenda to MDT Case Review members.
- It is the responsibility of the MDT member who selected case for review to notify all known agencies involved in the case prior to the meeting.

G. Case Review Process

- Review the pertinent elements of the investigation.
- Review CAC evaluation, including interview and medical findings.
- Discuss child protection/safety issues.
- Review the needs of child and family, including mental health needs, advocacy in the systems.
- Review court updates and provide input on prosecution decisions, court education and support as needed.
- Discuss cultural/special needs relevant to case.
- Ensure families are afforded rights and services to which they are entitled.

H. Role of Mental Health and MDT

The Clackamas County MDT includes representation from mental health professionals. These team members participate in monthly MDT team meetings as well as on the Case Review & HBB subcommittees. The mental health professionals serve as clinical consultants on the team, highlighting issues related to the impact of trauma on children and non-offending parents/caregivers and evidence-based treatment strategies, while protecting client rights to confidentiality. The mental health professionals also support the monitoring of treatment progress and outcomes through participation in Case Review.

I. Facilitation, Documentation & Follow-up

- Facilitation of meeting is shared between ODHS Representative and Children's Center.
- Minutes of all Case Reviews, including issued identified, conclusions and recommendations will be recorded by MDT Coordinator.
- If recommendations are made, the MDT Coordinator and/or Case Review Coordinator will communicate with the identified person responsible for follow-up to ensure that recommendations are completed.
- Minutes are distributed to MDT Case Review Coordinator.

Child Fatality Review

A. Purpose

- To review all child fatalities in Clackamas County provided by the medical examiner if the deceased is a child under 18 years of age and a resident of Clackamas County and/or the death occurs in Clackamas County per ORS 146.090, Subsection 1.
- To identify issues related to preventability.
- To promote implementation or recommendations which arise from review.

B. Coordination

- The Medical Examiner will notify the MDT Coordinator of all child fatalities (0-17 years of age).
- The Child Fatality Review Team shall meet quarterly or as needed. The Review Team will include required members of MDT (DA, LEA, ODHS, CAC, Mental Health, Public Health, CAC, Schools (and if available Juvenile, Medical & VA) and those directly involved with the child fatality referrals.
- The MDT Coordinator shall facilitate the case review process, distribute the agenda and packet of related materials to member agencies far enough in advance of the meeting to allow time for research of the agency's records and preparation for the child fatality review.
- The CC MDT Chair will facilitate the review meeting.
- The MDT Coordinator will ensure the completion and submission of STAT data forms using the web-based National Child Death (CDR) Reporting System to report and collect case data as required by the State CAMI MDT.
- Any team member who is aware of any records that are in the possession of a nonmember agency and may be helpful to the review, shall notify the MDT Coordinator.
- Any records which cannot be obtained voluntarily may be subpoenaed, per ORS 418.747. Notice of child fatalities will be sent from the MDT Coordinator to local medical facilities requesting pertinent information.
- In cases where the death is determined to have been preventable the issues related to preventability will be identified. The team will also determine steps to be taken to implement any recommendations arising from the review.

Sensitive Case Review

A. Criteria

The following shall be considered sensitive cases:

- Cases involving public officials, public employees or persons involved in child abuse/advocacy work.
- Highly publicized cases.
- Cases where a non-offending parent expresses concern regarding the handling of a case.
- Cases where a member of the public expresses concern regarding the handling of a case.
- Any case that has been reported to an MDT Member may be subject to review.

B. Coordination

- The MDT Sensitive Case Review team shall be assembled by the MDT chair and coordinator, and relevant MDT agency members.
- The names of the victim(s) and suspect(s) will not be disclosed unless this information is common knowledge or is otherwise necessary for review purposes.
- If the non-offending parent or guardian of the child or a citizen has expressed concern regarding the handling of a case, they shall be notified of the review and will be allowed to present either written or oral comment at the discretion of the MDT or MDT Case Review Committee.
- The Case Review Coordinator will notify those relevant persons who coordinated the child abuse investigation of the review hearing and to bring with them all records pertaining to the child abuse investigation originated by themselves or member agency.
- Findings of Sensitive Case Reviews are confidential. Any release of information from the review must be approved by each organization with sensitive and relevant information, as well as the MDT Sensitive Case Review Team.

APPENDIX C

CLACKAMAS COUNTY PROTOCOL FOR DRUG ENDANGERED CHILDREN (DEC)

A. PROTOCOL STATEMENT

In all cases where children are exposed to the manufacture, sale or use of illegal drugs of abuse, Department of Human Services (ODHS) and Law Enforcement Agencies (LEA) shall communicate and coordinate a mutual initial response which ensures the safety and protection of the child.

B. POLICE, FIRE DEPARTMENT, AND HAZARDOUS MATERIALS TEAM PROTOCOL

1. Level I Response: Children Found at Methamphetamine Laboratories

- **Initial Police Assessment:** Police officers who respond to a location where there is a methamphetamine laboratory and children are present shall summon emergency medical services personnel (EMS) immediately. Thereafter, Fire Department and/or Hazardous Material Response Team (HazMat) personnel shall be summoned, followed by the jurisdiction's clandestine laboratory response team and ODHS via the Child Abuse Hotline **1-855-503-7233**.

- **Decontamination Assessment**: The responding Fire Department or HazMat-trained personnel shall determine the level of decontamination necessary for safe transport of the children taking into consideration the medical needs of the children and with due regard to the physical and emotional effects such decontamination will have on the children. In the event an on-scene wet decontamination is required, HazMat personnel will make all available attempts to provide a private decontamination environment in which a ODHS or other suitable adult is present to comfort the children. If children are to be transported to the Randall Children's Hospital Emergency Department (at which decontamination facilities are present), an on-scene dry decontamination shall be conducted whenever possible to lessen the emotional trauma to the child. *Contaminated children report to the ED ambulance bay.*

  If a child has been exposed to a methamphetamine laboratory but the child is not discovered at the time of the laboratory seizure, the child should still be brought to the ED if the child is located within 48 hours of the child's exposure to the methamphetamine laboratory.

  If exposure is over 48 hours, ODHS will refer child to Children's Center for medical evaluation.

- **Child Chemical Exposure Wordlist:** In all cases in which children are transported to Randall Children's Hospital's Emergency Department (ED) for medical evaluation and testing, a list of child's potential chemical exposure shall be transmitted as soon as possible to the ED to facilitate a complete medical evaluation and comprehensive testing of the children. This information

may be provided by phone to the ED. This informs the ED of all available information regarding potential chemical exposure and the level and type of field decontamination performed on the child(ren).

- **Child Placement:** The determination of the appropriate temporary placement of a child found in a methamphetamine laboratory is the responsibility of the responding ODHS personnel and law enforcement.

- **Advance ODHS Notification:** Whenever police have advance notice that children may be present at a methamphetamine lab at which the police intend to execute a search warrant or conduct a knock-and-talk investigation, they shall contact the Child Abuse Hotline **1-855-503-7233**.

- **Obtaining Medical History and Parental Consent:** ODHS shall attempt to obtain information on medical history and shall attempt to obtain consent for medical evaluation and testing from parents or guardians.

- **Medical Evaluation:** A referral should be made to Children's Center for medical evaluation follow-up and possible forensic interview.

2. **Level II Response: Children Exposed to the Sale, Use or Possession of Illegal Drugs of Abuse or Legal Drugs Being Used Illegally**

   - **Initial Police Assessment:** Police officers who encounter children during investigations of the sale or possession of illegal drugs of abuse shall notify the Child Abuse Hotline **1-855-503-7233** so the need for a ODHS caseworker response can be evaluated.

     A child may be taken into protective custody when the child's conditions or surroundings reasonably appear to jeopardize the child's welfare (ORS 419B.150). If a child is taken into protective custody, the police case agent will complete a custody report and provide to ODHS and Juvenile Court by 9:00 am the following day.

   - **Advance ODHS Notification:** Whenever police have advance notice that children may be present at a location which is the target of an investigation into the sale or possession of illegal drugs of abuse, they shall contact the Child Abuse Hotline **1-855-503-7233**.

3. Protocol may also apply in homes where there is non-prescription use of prescription drugs or problematic use of legal drugs, such as marijuana and alcohol.

C. DEPARTMENT OF HUMAN SERVICES (ODHS) PROTOCOL FOR CLACKAMAS COUNTY

1. ODHS Response to Drug Endangered Children

When LEA become aware of drug endangered children during a criminal investigation, the following steps will be taken:

- LEA will call the Child Abuse Hotline **1-855-503-7233.**
- ODHS screeners will follow screening policy as it pertains to Child Protective Services. This information is related to reports of child abuse or neglect. After the screener completes screening activities, screener must determine the department response, either CW assessment, or closed at screening or forward the report to OTIS.
- If a CW assessment is required, the screener determines the timelines for assignment of 24-hour response, 72-hour response or 10-business day response and refers the report to the appropriate branch.

2. Level I Response: Children Found at Methamphetamine Laboratories

- If ODHS finds a child at a methamphetamine lab, ODHS will call LEA and follow **Police Level I Response for Children Found in Methamphetamine Laboratories.**
- If a child has been exposed to a methamphetamine laboratory but the child is not discovered at the time of the laboratory seizure, the child should still be brought to the ED if the child is located within 48 hours of the child's exposure to the methamphetamine laboratory.
- If exposure is over 48 hours, ODHS will refer child to Children's Center for medical evaluation.

3. Level II Response: Children Exposed to the Sale, Use or Possession of Illegal Drugs of Abuse, Legal Drugs Being Used Illegally, or Problematic Use of Legal Drugs.

- If a child is found in an environment where significant use, possession or consumption of illegal or legal substances is occurring, ODHS shall contact Children's Center for further medical triage decision making.
- Protocol may apply in homes where there is non-prescription use of prescription drugs or problematic use of legal drugs, such as marijuana or alcohol.

D. CLACKAMAS COUNTY DISTRICT ATTORNEY'S OFFICE PROTOCOL

1. The Drug Unit of Clackamas County District Attorney's Office

- **The Drug Unit of the Clackamas County District Attorney's Office** shall be the recipient of DEC investigation notifications and case referrals by law enforcement agencies within Clackamas County.

- **Assignment of Victim's Advocate in DEC Cases:** Upon receipt of the case, the Drug Unit of the District Attorney's Office shall ensure a Victim's Advocate is assigned to all cases when children are involved.

Appendix D

Maltreatment Definitions and Reasons for Referral to Children's Center

A. Reasons for referral: Children may be referred to Children's Center if there is reason to believe they have experienced any of the following:

1. Sexual abuse:

- A child with a physical injury that is concerning or suspicious for sexual abuse (e.g., vaginal or anal bleeding, tearing, bruising, abrasion, or abnormal anogenital examination as determined by another medical provider).
- A child making statements describing current or past sexual contact by someone three or more years older than the child or over the age of 18.
- A child making statements describing sexual contact by someone which reflects force or a power differential or is coercive, regardless of the age difference.
- An observer has witnessed abuse of the child.
- A suspect has confessed to abusing the child.
- The child has been in an environment which is high-risk (e.g., living with a convicted sex offender).
- The child's sexual behavior or knowledge is far beyond what is typical for their developmental level.
- The child tests positive for a sexually transmitted disease.
- Evidence of abuse of the child, such as CSAM (child sexual abuse material) or internet solicitation.
- The sibling of a child who has been abused and who is exposed to the alleged offender.
- If there is reason to believe the child may be commercially exploited, please see Appendix F Commercially Sexually Exploited Children (CSEC).
- A child may need to be seen on an urgent basis if:
  - Sexual contact has occurred within the last 120 hours, dependent on the age of the child and type of contact.
  - The child has made a recent abuse disclosure and has anogenital complaints (e.g., injury, pain, bleeding, or discharge).

2. Physical abuse:

- A child making statements of past or present physical abuse, even with no obvious old or new injuries.
- A child who is reported to have been physically abused in a manner that could be expected to cause an injury that might not be visible. For example, an infant who has been shaken but has no external evidence of abuse, or a toddler who has been kicked in the abdomen and has no external evidence of abuse.
- A child whose sibling suffered serious injury, when there is concern that other children in the family may have been physically abused. In particular, a child too young to disclose abuse should be referred.
- An observer has witnessed abuse of the child.
- A suspect has confessed to abusing the child.
- A child with a physical injury which may have been caused by non-accidental

means. Physical injury includes but is not limited to:

- Burns or scalds.
- Bruising, swelling, or abrasions on any part of the body.
- Fractures of 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 ability to walk or move normally according to the child's developmental ability.
- These children are considered part of Karly's Law and need to be seen medically by the DMP within 48 hours. Please see Appendix E for details and process of Karly's Law.

3. **Neglect**: Child is harmed or at risk of harm due to a neglectful episode or neglectful behavior by caregiver, even though these acts may be outside the parent's or caretaker's control (e.g., mental illness, extreme poverty, developmental disability).
   - Medical or dental neglect: Failure to seek appropriate medical and/or dental care despite knowledge of the medical and/or dental problem and access to care has been established. Failure to seek medical care when obvious signs of a serious health problem are present which any reasonable caretaker would identify. Failure to follow a medical provider's instructions once advice has been sought.
   - Physical Neglect: Failure to provide basic, age-appropriate needs such as shelter, food, or sanitation.
   - Supervisory neglect: Failure to provide safe and reasonable supervision to child based on their age, development, and risk factors.
   - Drug-endangered children (DEC): The term "drug" refers to illegal drugs of abuse, such as cocaine, heroin, and methamphetamine; the non-prescription use of prescription drugs, such as opiates and benzodiazepines; and the problematic use of legal drugs, such as alcohol and marijuana. Please refer to Appendix C for information on decontamination and LEA/ODHS response to DEC.
     - A child who was recently removed from a suspected drug-endangered environment.
     - A child whose caregiver admits to the use of a drug.
     - A child whose caregiver tests positive for the use of a drug.
     - Drugs or drug paraphernalia found in the presence of a child.
     - Children who are found during the investigation of the sale and possession of drugs.
     - A child who discloses that he or she has witnessed the use, manufacturing, or storage of drugs.
     - Child with signs or symptoms consistent with ingestion or exposure to drug use, and/or manufacturing.
     - Child has tested positive for exposure to drug use.

4. **Emotional/Psychological abuse**: Although this is a common consequence of other types of abuse, this can also occur as a distinct entity. It is defined as a pattern of damaging interactions between caregiver and child.
    - Witness to violence:
        - A child who is making statements of witnessing violence in his or her home.
        - A child who is living in a home where there is known domestic violence.
        - A child who is living in a home with weapons that were used to threaten or intimidate family members.
        - A child who may have witnessed a critical incident.
    - Other forms of emotional abuse and psychological maltreatment include the following:
        - **Spurning:** belittling, denigrating, or other rejecting; ridiculing for showing normal emotions; singling out or humiliating in public.
        - **Terrorizing:** Placing in unpredictable/chaotic circumstances; Placing in recognizably dangerous situations; Having rigid/unrealistic expectations accompanied by threats if not met; Threatening/perpetrating violence against child or child's loved ones/objects.
        - **Isolating:** Confining within environment; Restricting social interactions in community.
        - **Exploiting or corrupting:** Modeling, permitting, or encouraging antisocial or developmentally inappropriate behavior; Restricting/undermining psychological autonomy; Restricting/interfering with cognitive development.
        - **Denying emotional responsiveness:** Being detached or uninvolved; interacting only when necessary; Providing little or no warmth, nurturing, praise during any developmental period in childhood.
        - **Unreliable or inconsistent parenting.**
        - **Neglecting mental health, medical, and educational needs:** Limiting a child's access to necessary health care because of reasons other than inadequate resources; Refusing to provide for serious emotional/behavioral, physical health, or educational needs.
        - **Inappropriate, impossible, or emotionally distressing punishments.**

	Medical Consultation	Medical Exam
Weekdays	M-F 8:30-5 Children's Center (503) 655-7725(p) (503) 655-7720(f)	All ages Acute (sexual assault < 120 hrs.) & non acute Children's Center (503) 655-7725
After Hours	Children's Center (503) 655-7725 Follow VM prompts for on-call provider	***Acute (sexual assault <120 hrs.):*** **14yo or younger:** • Randall Children's Hospital @ Legacy Emanuel (503) 413-4684 (preferred) • Doernbecher Children's Hospital @ OHSU (503) 494-6270 **Ages 15,16,17:** • RCH @ Legacy • Doernbecher @ OHSU • Providence St. Vincent Hospital • Alternative ED's with SANE services: Legacy Meridian Park, Legacy Good Sam, Legacy Mt. Hood, Adventist Medical, Providence WF, Providence Portland ***Non-acute:*** refer to Children's Center for a weekday appointment

Appendix E

Karly's Law

1. Karly's Law has three essential requirements which are specified in detail in the Oregon Revised Statutes (ORS).
   - Any person conducting an investigation who observes a child who has suffered a suspicious physical injury must immediately photograph the injuries or cause to have photographed the injuries. Per statute, if the first responder "is certain" that the injuries were caused by abuse, Karly's Law protocols must be followed.
   - Each MDT must identify a designated medical professional (DMP) who is trained and regularly available to conduct medical assessments as described in ORS 418.782(2).
   - Any person conducting an investigation who observes a child who has suffered suspicious physical injury must ensure that a DMP conducts a medical assessment within 48 hours.

2. Karly's Law in Clackamas County: Karly's Law is a mandatory response to a suspicious physical injury (link in Appendix A). Children's Center is the DMP for Clackamas County. Afterhours or on weekends, Randall Children's Hospital is the DMP.

3. Procedure for Karly's Law:
   - Photographs must be taken each time there is an injury which may be from or is known to be from non-accidental cause by ODHS or LEA, regardless of whether the child has previously been photographed for an injury. These photographs must be taken by the first responder immediately upon discovery of the injury, unless the injury is anogenital, in which case the DMP or another medical provider should take the photograph.
   - These photographs must be placed in relevant law enforcement, ODHS, and medical files within 48 hours.
   - These photographs shall be provided to Children's Center or its designee within 48 hours.
   - Medical Assessment: Children's Center, or its designee, must conduct a medical assessment within 48 hours of the identification of suspicious physical injury. However, if after reasonable effort law enforcement or ODHS personnel are unable to have the child seen by Children's Center or its designee, the child must be seen by any available physician.
   - Should the child be seen by anyone other than Children's Center or its 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 Children's Center within 72 hours following the evaluation of the child. (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.) The medical professional may consult with and obtain records from the child's regular pediatrician or family physician.

Karly's Law Flow Chart

Discovery of physical injury which is suspicious for (or known to be from) non-accidental injury

LEA/DHS makes in-person contact AND:

- Takes photographs (excluding genital/anal photos) of the injury.
- Takes information from collateral sources/witnesses
- Talks to child only if necessary (minimal facts obtained about what happened and who did it)
- Ensure hotline report is made if not already done

If the injury appears to be serious or needing immediate medical care, child should be sent to the Emergency Room, preferably RCH or OHSU. This may need to happen immediately upon contact with child.

Ensure partner agencies and supervisors/detectives are aware of injury and where child was sent for care. Email (intake@childrenscenter.cc) or call (503-655-7725) Children's Center about child and send reports and photographs.

Most children may still need to have a full evaluation at Children's Center if they are interviewable or other concerns were not assessed.

If the injury is not serious or requiring immediate care, inform family of KL process and that the child will need to be seen medically within 48 hours by the DMP (Children's Center). At times, this may be RCH ED if the clinic is closed over the next 48 hours (Friday nights, holiday weekends).

Email (intake@childrenscenter.cc) or call (503-655-7725) Children's Center about child and send reports and photographs. This starts the referral process for the child to be seen. This should be done promptly to ensure the child is seen within the 48-hour time frame.

If the legal guardian refuses to have an evaluation at CC, then alternative arrangements can be made for RCH or their PCP if medical care hasn't yet been obtained. Children's Center will then review that documentation.

Ensure that LEA/DHS reports are completed. Children's Center will also write a report after the assessment which is sent to the assigned investigators for the agencies.

APPENDIX F

Clackamas County Human Trafficking MDT Protocol

Clackamas County Human Trafficking MDT Protocol
Contact CC District Attorney's Office for current copy of new Protocol
RussellAmo@clackamas.us
Allie@safetycompass.org
Katherine@safetycompass.org

APPENDIX G

Clackamas County HBB (Healthy Boundaries & Behaviors) Protocol

A. Purpose

- The Team was established by the Clackamas County Multi-Disciplinary Team to provide a consistent, comprehensive and coordinated prevention, investigation and intervention response to children 11 years and younger who exhibit problematic sexual behavior.

- The HBB Team identifies children whose problematic sexual behavior may put them at future risk of involvement with the court system, impact their development, and/or harm themselves or others and supports parents in protecting their children by offering information and resources for intervention.

- The HBB Team strives to review cases in a timely manner, to coordinate a comprehensive approach by all agencies involved, and to coordinate efforts to assist the youth with problematic sexual behavior as well as the victim's family. The HBB Outreach Specialist triages referrals and coordinates follow up plans with the team.

- The HBB team also provides education to the community about youth with problematic sexual behavior through presentations, outreach, and consultation. Education will highlight resources for professionals and families, prevention strategies, and best practices for responding to children's sexual behavior.

- The HBB Team meets monthly on the 2nd Wednesday of the month at 9:00 a.m. at the Children's Center and/or online and includes representatives from:
  - The District Attorney's Office
  - Clackamas County Juvenile Department,
  - Law Enforcement,
  - Department of Human Services
  - Clackamas County Schools
  - Victim's Advocate
  - Clackamas County Mental Health,
  - Children's Center
  - And other designated agencies

B. HBB Process

- **Referrals**

  Referrals to HBB for review can originate from Clackamas County agencies – ODHS, LEA, schools, Children's Center, Juvenile Department, CC Behavioral Health and are sent to HBB Outreach Specialist for review. Parents and caregivers may also reach out directly for support. If referrals are received for youth over the age of 11, outreach may be provided if requested and/or appropriate based on team review.

- **Monthly Team Meeting**
  - Monthly core HBB Team members will meet to support collaboration, discuss systems, issues, and promote best practices.
  - Team will review cases where feedback, consultation and/or coordination would be most helpful.
  - Anyone can identify a case to review. Some specific cases may involve:
    - When there are multiple systems involved.
    - When initiator is over 11.
    - When behavior is extreme.
    - When caregiver is struggling to follow through with recommendations.
  - MDT Coordinator and HBB Outreach Specialist will work together to create monthly meeting agenda.

- **Interventions- Levels of Response**
  One or more of these interventions may be recommended:
  1. Referral to HBB Outreach Coordinator for contact with families and involved professionals to provide education, consultation, support and referral services.
  2. Follow-up letters, emails, and/or resources.
  3. Referral to ODHS for additional information or to look at incident again at other issues identified – neglect, abuse that may have been overlooked, to either open a case, reopen a case, and/or make sure caseworker is aware of the issue.
  4. Referral to the Juvenile Department to review and assess for a delinquency case.
  5. Referral to LEA for further investigation – identifying and locating subjects, full names, addresses, phone numbers and assistance with face-to-face follow-up with subjects.
  6. Referral to CC Health Centers and other behavioral health providers with expertise treating children with sexualized behaviors.
  7. Referral to Victim Assistance for assistance with resources and support for victims
  8. Referral to School representative for additional information and to coordinate with schools on safety planning and follow-up services.
  9. Referral to Children's Center for medical evaluation.

- **Follow-Up/Case Closed**
  Follow-up will be provided by HBB Outreach Specialist or other team member.
  - To confirm recommendations occurred.
  - To confirm final review by team, resources sent, and case closed.

- **Documentation**
  - HBB Outreach Specialist will maintain referrals, agendas, minutes and case review summaries.
  - HBB Outreach Specialist will maintain a database including name, gender, age, location, nature of incident, and intervention.

  - HBB Outreach Specialist will provide quarterly data reports to MDT.

APPENDIX H

Juvenile Justice Custody Procedures

I. Youth as Offender: Delinquency

A. Juvenile Offender Procedure

1. Juvenile Justice Jurisdiction

Several agencies comprise the juvenile justice system, often with overlapping responsibilities:

- Juvenile Department
- Law Enforcement
- District Attorney
- Juvenile Court Judge
- Oregon Youth Authority
- District Attorney Victim Advocate
- Juvenile Department Victim Advocate
- Oregon Department of Human Services – Child Welfare

2. Juvenile Delinquency Investigation

a. A juvenile is entitled to the same rights as an adult, except for a trial by jury. They have no right to bail, and juvenile custody circumstances are uniquely defined by ORS.

b. Custody (Arrest)

- A juvenile may be taken into custody if they have allegedly committed an act that would be considered a crime if committed by an adult, or certain status offenses.
- In lieu of taking a juvenile into custody, law enforcement may release the juvenile and submit their reports to the juvenile department for further action.
- If law enforcement takes the juvenile into custody, they are responsible for notifying the parent/guardian in a timely manner.
- If a juvenile is taken into custody and transported to the Juvenile Department's Intake and Assessment Center (JIAC), the JIAC staff are responsible for notifying the parent/guardian in a timely manner.
- At the JIAC, a thorough assessment will be made to determine an appropriate and safe release plan for the youth. Information is gathered to identify the least restrictive release plan for the youth with considerations for community, victim, and youth safety. This could include a release to parents or family, a release to parents with a citation to either call a Juvenile Department Counselor or to appear for a specific court date, a release to an emergency shelter program, or a release to self. A youth may be detained in the Multnomah County detention facility if they meet the statutory requirements and may pose

an identifiable safety risk to the community. In addition, Clackamas County Behavioral Health (CCBH) Crisis Team may assess a youth to need immediate hospitalization. The JIAC can only hold a youth for up to five hours.

- The Juvenile Department has the authority to lodge youth in secure custody. Authorization for lodging is determined via specific policies and procedures and requires the approval of the Juvenile Department Assistant Director. The JIAC is staffed 24 hours a day and can be reached at (503)650-3180. Juvenile Counselors may be contacted Monday-Thursday at (503)655-8342. An On-Call Supervisor is always available and can be reached by making contact with the JIAC.
- At the time the juvenile is taken to the JIAC, the juvenile will be fingerprinted and photographed if they are charged with a crime.

c. If the juvenile is placed in detention, a preliminary hearing will be held during the next judicial workday at 1pm. The hearing will take place via Webex video. The Law Enforcement Agency must submit their report as early as possible, but no later than the morning of the following business day after the youth is lodged so a petition can be filed. If reports are not submitted within this time frame, they cannot be reviewed in time to submit a petition; this will result in the youth having to be released.

At the preliminary hearing, the judge will advise the youth of their rights, address the issue of legal representation, and make a preliminary decision as to where the youth will reside until the matter is resolved and under what type of conditions this will occur. Some customary release options the judge will consider are release to a parent or guardian, placement in a short-term residential program, or a foster home. When a youth is released, they are usually conditionally released on a set of requirements, which may include placement on the Community Monitoring Program (either electronic monitoring or community monitoring), that will be monitored by the Juvenile Department.

3. Juvenile Case Intake

a. Once a police referral is received by the Juvenile Department or if a youth is lodged in detention, the youth will be assigned to a Juvenile Counselor on the Disposition Team who will start the intake process. That process involves the reviewing of police reports, gathering collateral information, completing risk assessments, obtaining evaluations, and when appropriate, consultation with the assigned DDA to determine whether a case will be dealt with formally or informally.

b. During the assessment process, the counselor is charged with devising and implementing a plan designed to minimize the likelihood of continued illegal behavior, address the immediate and long-term safety of the community and youth, and work with the Victim's Advocate or Juvenile Victim Advocate to address victim needs. The assessment will explore various Domains, including family dynamics, health, education, prior record,

psychological status, abuse and drug usage history, community support systems, other needs, and incorporate identified strengths. Input from the parents and youth are important factors as well.

c. When appropriate, the Clackamas County Juvenile Department refers youth to a diversion program to provide swift, logical, and immediate accountability for first time juvenile offenders with low level offenses. The term "diversion" is used because it is an attempt to divert youth from further penetration into the juvenile justice system. Most first-time offenders referred to the Juvenile Department for a non-violent misdemeanor offense, a status offense or a violation are eligible for diversion. Youth referred to a diversion program usually have all their requirements completed and case closed in three to six months.

d. For those cases that proceed formally in court, the District Attorney will determine when there is factual and legal sufficiency and whether a petition should be filed.

e. Juvenile Counselors (JC2's) are made up of two teams, the Disposition Team and the Field Probation Team. The Disposition Team is assigned cases involving youth charged with more serious crimes, for the purpose of completing the intake process described above, ensuring assigned youth are placed in the appropriate level of intervention, and provided services that meet their criminogenic needs. The Disposition Team Juvenile Counselors will manage cases through the beginning stages of the court process until a youth is placed on probation, at which time the adjudicated youth's case is transferred to the Field Team. Field Team Juvenile Counselors will supervise youth placed on probation through oversight of court ordered probation conditions, monitoring of youth in the community, and case management including the development, monitoring, and updating of case plans designed to support youth complete goals that will reduce their risk factors and increase their protective factors.

f. Incomplete law enforcement reports are to be returned to the originating law enforcement agency when further criminal investigation is necessary.

g. Youth who fall under SB 1008 legislation will be assigned to the Disposition Team and be subject to the intake process outlined above until a determination is made by the DA's Office regarding waiver proceedings. If a youth under SB 1008 remains under juvenile court jurisdiction the JC2 will complete the assessment process and make appropriate recommendations relative to supervision and intervention services.

4. Informal Resolution:

Many matters are resolved through an informal and voluntary process. A youth enters into a Formal Accountability Agreement (FAA) that spells out conditions the youth must abide by and complete. Failure to comply with the conditions of an FAA may result in the case being reviewed by the District Attorney and the possibility of a petition being filed.

Under SB 1, the Juvenile Department must consult with the District Attorney before a FAA may be entered into for certain crimes. The Juvenile Department must request authorization from the District Attorney for a FAA

for felony sex offenses, offenses involving use/possession of firearms and destructive devices, or a second referral to the Juvenile Department involving a felony.

5. Formal Resolution

a. Adjudication (Found responsible for charges by a court)

- A formal proceeding in the juvenile court is initiated by the filing of a petition. The filing decision is based upon facts contained in reports from law enforcement. As in the adult criminal court system, these reports are provided to the juvenile's attorney. The investigation must be thorough. Complete and clear reports are essential to providing all parties with information necessary to support decisions regarding adjudication of youth.
- Legal sufficiency to proceed with a formal adjudication is within the discretion of the District Attorney. The District Attorney may decline prosecution or request an amendment of the petition.
- In all juvenile cases, the State must prove its case beyond a reasonable doubt. Except for the absence of a jury, a juvenile trial is identical to an adult criminal trial.
- A Victim Advocate is available to support the District Attorney and victims during the juvenile adjudication process for person-based crimes. A Victim Advocate is available through the Juvenile Department to support victims of property-based crimes. Law enforcement, ODHS/CW, or juvenile counselors should contact the appropriate Victim Advocate to coordinate support services.
- A judge determines whether the juvenile is found responsible for the act alleged. If so, the court makes a finding that is within its jurisdiction. This is equivalent to a finding of guilt in the adult system.

b. Disposition (Sentencing)

- The Disposition Hearing is a time where the judge will make a decision to place the youth on probation (most common) or commit the youth to the Oregon Youth Authority (rare cases). Placement of Youth (where youth will reside) is also determined at this time.
- Disposition is often set over for several weeks while a Reformation Plan is created and given to the court. There are also times where adjudication and disposition occur at the same hearing and a Reformation Plan is submitted under these circumstances as well.
- While most juveniles remain in the community on probation utilizing community treatment programs, the court may order the juvenile to be removed and placed into a residential treatment center, a state

correctional facility, foster care, or a psychiatric facility. Inpatient or outpatient services are available options for disposition.

c. Probation

- The duration of probation can be up to five years or until the juvenile becomes 23; however, the court can revoke the probation or commit a youth to the authority of the Oregon Youth Authority until the age of 25. Institutionalization is limited to the equivalent of the determinate period that an adult could be sentenced for the same charge or until the age of 25, whichever is less.
- Youth placed on probation will have standard conditions as well as specific conditions as determined by the court in consultation with the reformation plan/case plan. If a juvenile violates their probation, the court has several options including modification of the probation, termination of probation, or revocation and commitment to the Oregon Youth Authority, or a brief sanction to detention.
- The Juvenile Department supervises juveniles placed on probation by the court. Supervision, coordination of services and the roles of the agencies involved are clearly identified by the Juvenile Department. The Oregon Youth Authority supervises youth placed in community residential programs or state correctional facilities.

APPENDIX I

Expanded Child Abuse definitions that apply to children in an Out of Home Care Placement

ORS 418.257-259 apply when an alleged victim is a "Child-in-care" as defined in ORS 418.257(3)(a). For OTIS, this means a victim is age 0 to 20 and resides in or receives services from: (1) an agency licensed as a Child-Caring Agency (CCA); (2) an agency that meets the definition of a CCA in ORS 418.205 even if not licensed; or (3) a Developmentally Disabled group home/host home, or foster home.

ABANDONMENT OF A CHILD-IN-CARE: desertion or willful forsaking of a child-in-care, or the withdrawal or neglect of duties and obligations owed a child-in-care by a caregiver, child-caring agency, proctor foster parent, ODDS licensed group home, ODDS host home, ODDS foster parent, other individual, or an employee, volunteer, or contractor of a child-caring agency, proctor foster home, ODDS licensed group home, ODDS host home, or ODDS foster home.

FINANCIAL EXPLOITATION OF A CHILD-IN-CARE: Wrongfully taking the assets, funds, or property belonging to or intended for the use of a child-in-care. Alarming a child-in-care by conveying a threat to wrongfully take or appropriate moneys or property of the child-in-care if the child-in-care would reasonably believe that the threat conveyed would be carried out. Misappropriating, misusing, or transferring without authorization any moneys from any account held jointly or singly by a child-in-care. Failing to use the income or assets of a child-in-care effectively for the support and maintenance of the child-in-care.

INVOLUNTARY SECLUSION OF A CHILD-IN-CARE: the confinement of a child in care alone in a room from which the child in care is prevented from leaving by any means. "Involuntary seclusion" does not include age-appropriate discipline, including, but not limited to, time-out if the time-out is in a setting from which the child in care is not prevented from leaving.

NEGLECT OF A CHILD-IN-CARE: Failure to provide the care, supervision, or services necessary to maintain the physical and mental health of a child-in-care; or the failure of a child-caring agency, proctor foster parent, ODDS licensed group home, ODDS host home, ODDS foster parent, caregiver, other person, or an employee, contractor, or volunteer of a child-caring agency, proctor foster home, ODDS licensed group home ODDS host home, or ODDS foster home to make a reasonable effort to protect a child-in-care from abuse.

PHYSICAL ABUSE OF A CHILD-IN-CARE: Any physical injury to a child-in-care caused by other than accidental means, or that appears to conflict with the explanation given of the injury; or willful infliction of physical pain or injury upon a child-in-care.

SEXUAL ABUSE OF A CHILD-IN-CARE: An act that constitutes a crime under ORS 163.375, 163.405, 163.411, 163.415, 163.425, 163.427, 163.467, or 163.525; sexual harassment, sexual exploitation, or inappropriate exposure to sexually explicit material or language; any sexual contact between a child-in-care and an employee of a child-caring agency, proctor foster home, ODDS licensed group home, ODDS host home, ODDS foster home, caregiver, or other person responsible for the provision of care or services to a child-in-care; any sexual contact between a person and child-in-care that is unlawful under ORS chapter 163 and not subject to a defense under that chapter; and any sexual contact that is achieved through force, trickery, threat, or coercion.

VERBAL ABUSE OF A CHILD-IN-CARE: threatening severe harm, either physical or emotional, to a child-in-care through the use of: Derogatory or inappropriate names, insults, verbal assaults, profanity, or ridicule; or Harassment, coercion, threats, compelling or deterring conduct by threats, humiliation, mental cruelty, or inappropriate sexual comments.

WRONGFUL RESTRAINT OF A CHILD-IN-CARE: restraint of a child-in-care in violation of ORS 418.521 or 418.523. "Restraint" means the physical restriction of a child-in-care's actions or movements by holding the child-in-care or using pressure or other means.

APPENDIX J

CASE CONSULTATION

Consultant	Monday-Friday, 8:30-5	Evenings/Weekends
DA Victim's Assistance Program	503 655-8431 503 655-8616	503 655-8431 503 655-8616
ODHS	Hotline 1-855-503-7233	Hotline 1-855-503-7233
Medical	Children's Center 503 655-7725 (p) 503 655-7720 (f)	Children's Center 503 655-7725 (follow prompts to call on call provider) Randall Children's Hospital ED at Legacy Emanuel Hospital 503 413-4684 OHSU/Doernbecher Children's Hospital Consult Line 503 494-4567

AFTER HOURS MEDICAL EVALUATION

Acute Sexual Assault (<120 hours) 14yrs old or younger

- Randall Children's Hospital ED at Legacy Emanuel Hospital (preferred for all ages)
  503 413-4684

Doernbecher Children's Hospital ED at OHSU (all ages)
503 494-6270

Acute Sexual Assault (<120 hours) Ages 15, 16, 17

- RCH at Legacy
- Doernbecher @ OHSU
- Providence St. Vincent Hospital
- Alternative Eds with SANE services, Legacy Meridian Park, Legacy Good Sam, Legacy Mt. Hood, Adventist Medical Providence WF, Providence Portland

Non -acute

- Refer to Children's Center for a weekday appointment

Physical Abuse/Karly's Law — Randall Children's Hospital ED at Legacy Emanuel Hospital
503 413-4684

Physical Abuse/Head Trauma — Randall Children's Hospital ED at Legacy Emanuel Hospital
503 413-4684

Doernbecher Children's Hospital ED at OHSU
503 494-6270

DEC/Neglect — Randall Children's Hospital ED at Legacy Emanuel Hospital
503 413-4684

APPENDIX K

Common Acronyms

AG - Attorney General
AR- Alternate Response
CAC - Child Advocacy Center
CAC - Child advocacy center
CAMI - Child Abuse Multidisciplinary Intervention
CASA - Court Appointed Special Advocate
CAT Team - Clackamas County Sheriff's Office Child Abuse Team
CC - Children's Center
CC JD - Clackamas County Juvenile Department
CCSO - Clackamas County Sheriff's Office
CFR - Child Fatality Review
CPS - Child Protective Services
CSEC – Commercial Sexual Exploitation of Children
CW - Child Welfare
CWS - Clackamas Women's Services
DA - District Attorney
DDA - Deputy District Attorney
DD - Developmental Disabilities
DEC - Drug Endangered Children
DMP - Designated Medical Professional
DOJ - Department of Justice
DV - Domestic Violence
DVERT - Clackamas Co. Sheriff's Office Domestic Violence Team
EA - Emotional Abuse
ED - Emergency Department
FI - Forensic Interview
FJC – Family Justice Center
HBB – Healthy Behaviors & Boundaries (formerly RISK)
HT MDT – Clackamas Co. Human Trafficking MDT
LEA - Law Enforcement Agency
MDT - Multidisciplinary Team
NCA - National Children's Alliance
OCC – Office of Child Care
OCF - Oregon Commission for Children & Families
OAR - Oregon Administrative Rules
OCAS – Oregon Child Abuse Solutions
ORCAH – Oregon Child Abuse Hotline
ODHS – Oregon Department of Human Services
ORS -- Oregon Revised Statue
OTIS –Office of Training, Investigation and Safety
PA - Physical abuse
PPO - Probation/Parole Officer
RFP - Request for proposal
RSP - Regional Service Provider (ours is CARES NW)
SA - Sexual Abuse
SAFE - Sexual Assault Forensic Examination
SANE - Sexual Assault Nurse Examiner
SARC - Sexual Assault Resource Center
VA - Victim Assistance
VOCA - Victims of Crime Act

APPENDIX L

CLACKAMAS COUNTY MULTI-DISCIPLINARY

INTER-AGENCY AGREEMENT

The agency named below hereby agrees to perform all agency functions according to Oregon state law and statutes, and to the extent possible, comply with Protocol and procedures developed by the Clackamas County Child Abuse Multi-Disciplinary Team pursuant to ORS 418.746, revised December 2022.

All assessments, investigations, and interviews pertaining to child abuse and neglect shall, to the extent possible, follow the Protocol procedures for assessing risk to children, for communication of information between multi-disciplinary team member agencies, for completion of agency responsibilities, and for notification of interested parties in cases of child abuse that occurred in a childcare facility or licensed child care facility and where child removal from a residence is necessary for the child's safety.

As a member agency of the Clackamas County Multi-Disciplinary Team, this agency recognizes its obligations and duties and will faithfully perform its role in child abuse investigations.

Name of Agency: _____

_____ _____

Signature of Agency Head **Date**

_____

Printed Name of Agency Head