

**CLACKAMAS COUNTY**  
**MULTI-DISCIPLINARY TEAM**  
**CHILD ABUSE PROTOCOL**

**Revised March 2020**

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## **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

DEPARTMENT OF HUMAN SERVICES/CHILD WELFARE

CLACKAMAS COUNTY DISTRICT ATTORNEY'S OFFICE

CLACKAMAS COUNTY DISTRICT ATTORNEY VICTIM ASSISTANCE

CLACKAMAS COUNTY ESD

CLACKAMAS COUNTY JUVENILE DEPARTMENT

CLACKAMAS COUNTY HEALTH CENTERS

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 STATE POLICE

SANDY POLICE DEPARTMENT

WEST LINN POLICE DEPARTMENT

# Clackamas County Multi-Disciplinary Team Child Abuse Protocol

(The MDT is mandated by Oregon Revised Statute 418.747.)

## I. PROTOCOL STATEMENT

### A. 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 protect children in the community, prevent child maltreatment, and respond to and collaborate on allegations of child abuse and neglect.

### B. Purpose Statement

Multidisciplinary teams (MDTs) are a team approach to the assessment, investigation, 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 are able to work together more effectively and efficiently.

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 provide services that are in the best interest of the child.
- To conduct child abuse investigations in an expedited and effective manner.
- 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.

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

### C. Non-Discrimination Statement

Clackamas County Multi-Disciplinary 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.

### D. 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 abuse

intervention center. See Member Agencies on page 4.

#### **E. Responsibilities**

- 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.

The district attorney, as statutory chair, shall designate a member of his or her 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.

#### **F. 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 share data confidentially and/or de-identified.

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) at 9:00 am at Providence Willamette Falls Community Center, located at 519 15th St., Oregon City. The Clackamas County MDT chair is Senior Deputy District Attorney Scott Healy.

**G. 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. Additionally, the MDT supports and participates in the annual Child Abuse and Family Violence Summit provided by the Clackamas County Sheriff's office. 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.

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

**A. Child**

1. "Child" means an unmarried person under 18 years of age.

**B. Child Abuse**

"Child abuse" means:

1. 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.
2. 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.
3. 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.
4. Sexual abuse, as described in ORS chapter 163.
5. Sexual exploitation, including but not limited to:
  - a. 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

- b. Allowing, permitting, encouraging, or hiring a child to engage in prostitution or to patronize a prostitute, as defined in ORS chapter 167.
6. 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.
7. Threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child's health or welfare.
8. Buying or selling a person under 18 years of age, as described in ORS 163.537.
9. 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.
10. 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.

### III. REPORTING ALLEGATIONS OF CHILD ABUSE

**A. Reporting party makes allegation.** (See ORS 419B.005–419.01, which defines child abuse and outlines the reporting process.) Reporting parties include:

1. Voluntary reporters (e.g., victim, family, friends, neighbors);
2. 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.)
  - a. 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.)



- b. The reporter shall not contact the child's parents or guardians until the Department of Human Services Child Protective Services Division (DHS/CW) or the respective law enforcement agency (LEA) makes the initial contact or notifies the reporter otherwise.
3. Allegations of child abuse must be made to DHS/CW by calling the Child Abuse Hotline **(971) 673-7112** or to LEA. Each agency, DHS/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; DHS IB.2, OAR 413-020-0275 to 0285).

#### **B. School Reporting Requirements and Records**

1. 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.
2. 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.
3. Per Oregon Senate Bill 101 and Senate Bill 1540, schools may not notify any person or family member of LEA/DHS investigations or interviews related to child abuse investigations.
4. Any report generated as a result of this contact shall not be part of the child's school record.

### **IV. REPORT RECEIVED**

#### **A. DHS/CW Screening**

1. DHS/CW shall receive and assess all reports of suspected child abuse.
  - a. A DHS/CW 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.
    - Contact collateral sources who can provide firsthand information necessary to evaluate possible allegations of abuse to the child and to determine the appropriate department response.

- Research the history of the child and family for essential family data, which includes a check of Law Enforcement Agency (LEA) history and DHS history.
  - 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.
- b. A DHS/CW screener will evaluate all information gathered and determine the need for DHS/CW intervention, and will immediately advise law enforcement and will consult with the CPS supervisor when determining the department's response or assigning the referral. (See Appendix A: ORS 419B.015; DHS IB.2.)
  - c. If DHS/CW is notified by LEA that the incident did not occur in its jurisdiction, DHS will document the date and time of referral to the correct LEA.
  - d. If a CW worker is not assigned and the case is closed at screening, an appropriate referral can be made to community resources outside DHS/CW, such as Children's Center or Healthy Behaviors & Boundaries (HBB), Self Sufficiency, etc.

## **B. Investigating Child Abuse Allegations**

1. DHS/CW and LEA should make reasonable efforts to investigate the allegations together. This will satisfy both agencies' requirements while avoiding the duplication of interviews.
2. Investigations shall be conducted in a manner set forth by the policies of the respective agencies; any actions taken shall be communicated to the lead investigator. If contrary courses of action between LEA and DHS occur, the agencies should consult immediately with respective supervisors.
3. As the primary investigator, when DHS/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. When LEA receives an allegation of child abuse, DHS/CW must be notified immediately and an investigation by both agencies must be initiated. (See Appendix A: ORS. 419B.020). If this is a report of domestic violence where children are present, DHS/CW should be notified. The assistance of a victim's advocate may be requested, as needed, for both adult and child

victims from the Clackamas County District Attorney Victim Assistance.

- a. If it is determined that the incident did not occur in the reported jurisdiction, the LEA receiving the report shall notify the proper jurisdiction of the incident.
  - b. If the allegation was received from DHS, LEA shall cross-report to DHS to acknowledge receipt of the report and of instructions on whether to involve LEA during DHS's initial assessment. DHS will document the date and time of the referral to LEA.
  - c. The LEA cross-report should contain suggested courses of action for DHS/CW to help ensure that assessments are made concurrently with LEA investigations. Some examples are "Refer to patrol if assessment reveals abuse or criminal neglect" and "Have patrol assist with the investigation and prepare initial police report."
  - d. If DHS inadvertently sends a child abuse allegation to LEA in the incorrect jurisdiction, LEA must notify DHS of the proper jurisdiction. DHS is then responsible for getting the reported allegation to the correct LEA jurisdiction.
  - e. 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.
5. Interviews with children and adolescents.

Interviews in the field should be considered minimal fact interviews and 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.

6. Investigations in a school environment.
- a. Investigations on school premises are under the direction and authority of the investigating LEA or DHS/CW. (Appendix A: ORS 419B.045.)
  - b. 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.

- c. 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.

## 7. Investigations of abuse in child care facilities

When investigating child abuse in a child care facility, DHS will:

- a. Notify the Office of Child Care of the name of the child care facility and the nature of the report.
- b. With the Office of Child Care, determine notification of parents of the other children in the child care 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.

## C. Protective Custody

### 1. LEA protective custody

- a. 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.)
- b. 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 DHS/CW.
- c. The investigating officer should contact the Child Abuse Hotline, **(971)673-7112**, regarding a child's removal from the home.
- d. When a child is placed in an emergency shelter, the investigating officer must submit police reports to DHS/CW by 9:00 a.m. on the following business day. A judicial hearing will be held the following judicial day.
- e. 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.

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

## 2. DHS protective custody procedure

- a. 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.

- b. 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.
- c. 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.
- d. 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.
- e. 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. DHS/CW Assessment and Case Management

### 1. Assessment

- a. Upon the assignment of an alleged abuse or neglect case to a CW 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.

- b. Components of the DHS/CW assessment include:
- Research of DHS/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 DHS/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.
- c. 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.

d. 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 DHS, Child Welfare Administrative Rules, Policies and Procedure for more detailed information and documentation requirements.

e. DHS/CW family support services

Most often, the request for family support services comes through a phone call. 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.
- The information falls within one of the categories listed below:

- Request for placement.

A parent or legal guardian requests out-of-home placement of his or her child solely to obtain services for the emotional, behavioral, or mental disorder or the developmental or physical disability of the child. The parent or legal guardian requests the department take legal custody of the child.

The court has ordered a pre-adjudicated delinquent into the care of the department.

- Request for Independent Living Program (ILP) services. Information falls within this category when a former foster child qualifies for ILP services, is not a member on an open case, and requests to enroll in the department's Independent Living Program.

- Request for post legal adoption and post guardianship services.

Information falls within this category when a family requests post-legal adoption or post-guardianship services, if the adoption or guardianship occurred through the department.

- Request for voluntary services.

Information falls within this category when a parent or caregiver requests assistance with a child in the home.

- Interstate Compact on the Placement of Children (ICPC).

This type of information is not a report of child abuse or neglect. Information falls within the ICPC category when a screener receives a request from the central office to provide ICPC supervision and services.

f. DHS 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 DHS and the District Attorney's office. In determining whether to file a petition, the agencies will review the entire case history, including police reports, medical records, and DHS/CW records, when available.

g. 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, DHS 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. DHS will continue its effort to resolve the case informally; however, if informal efforts fail, a formal adjudicative hearing must follow.

h. Disposition

With jurisdiction established, DHS/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. This court may review the case at 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 DHS/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.

DHS/CW case planning and services should:

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

#### **E. Children's Center/Child Advocacy Center**

1. Children's Center is the Designated Medical Provider (DMP) for child abuse evaluations in Clackamas County.
2. 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.
3. Children should be referred to the Center when there are concerns for neglect, physical abuse, sexual abuse, emotional abuse, and other types of maltreatment.
4. Referral:

To refer a child into the Center, call **503-655-7725** and ask to speak to intake staff. 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.

  - a. 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 a interpreter to be present at the evaluation.
  - b. 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.

- c. The intake team will alert the referrer if it is felt that the evaluation would not be beneficial to the child.
  - d. The intake team coordinates the evaluation with community partners and caregivers.
  - e. Community partners investigating the concerns of maltreatment, such as law enforcement and DHS, are expected to share relevant information to the Clinic 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.
  - f. A legal guardian must consent for the evaluation, unless the child is fifteen years of age or older and willing to consent for themselves.
5. Reasons for referral: Children may be referred to Children's Center if there is reason to believe they have experienced any of the following:
- a. 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 his or her developmental level.
    - The child tests positive for a sexually transmitted disease.
    - Evidence of abuse of the child, such as pornography 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 D Commercially Sexually Exploited Children (CSEC).
- A child may need to be seen on an urgent basis if:
  1. Sexual contact has occurred within the last 84 hours.
  2. The child has made a recent abuse disclosure and has anogenital complaints (e.g., injury, pain, bleeding, or discharge).

b. 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:
  1. Burns or scalds.
  2. Bruising, swelling, or abrasions on any part of the body.
  3. Fractures of any bone in a child under the age of three.
  4. Multiple fractures in a child of any age.
  5. Dislocations, soft tissue swelling, or moderate to severe cuts.
  6. Loss of ability to walk or move normally according to the child's developmental ability.
- Karly's Law:

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

Procedure for Karly's Law:

1. Photographs must be taken each time a non-accidental physical injury is observed by DHS 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.
  2. These photographs must be placed in relevant law enforcement, DHS, and medical files within 48 hours.
  3. These photographs shall be provided to Children's Center or its designee within 48 hours.
  4. 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 DHS personnel are unable to have the child seen by Children's Center or its designee, the child must be seen by any available physician.
  5. 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.
- c. 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/DHS response to DEC.
  1. A child who was recently removed from a suspected drug-endangered environment.
  2. A child whose caregiver admits to the use of a drug.
  3. A child whose caregiver tests positive for the use of a drug.
  4. Drugs or drug paraphernalia found in the presence of a child.
  5. Children who are found during the investigation of the sale and possession of drugs.
  6. A child who discloses that he or she has witnessed the use, manufacturing, or storage of drugs.
  7. Child with signs or symptoms consistent with ingestion or exposure to drug use, and/or manufacturing.
  8. Child has tested positive for exposure to drug use.

d. 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:
  1. A child who is making statements of witnessing violence in his or her home.
  2. A child who is living in a home where there is known domestic violence.

3. A child who is living in a home with weapons that were used to threaten or intimidate family members.
  4. A child who may have witnessed a critical incident.
  - Other forms of emotional abuse and psychological maltreatment include the following:
    1. Spurning
    2. Terrorizing
    3. Isolating
    4. Exploiting or corrupting
    5. Denying emotional responsiveness
    6. Rejecting
    7. Isolating
    8. Unreliable or inconsistent parenting
    9. Neglecting mental health, medical, and educational needs
    10. Inappropriate, impossible, or emotionally distressing punishments
  - e. 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 numbers of medical records to review. These cases may be referred to Children's Center and discussed with the medical provider to determine the best approach.
6. Medical examinations: 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.
- a. The medical examiner will determine what portions of the examination are needed, and, if possible, respect the child's wants regarding their body boundaries.
  - b. 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.
  - c. The examiner will educate and reassure the child and family, if indicated.
  - d. Differential diagnoses and referrals to be provided, as deemed appropriate by the medical provider.

- e. The medical provider will coordinate with the family support team if there are concerns about the patient's mental health.
  - f. 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.
  - g. Medical providers maintain knowledge in the field of Child Abuse and Neglect by attending conferences, reading relevant literature, and participating in peer review discussions.
7. Forensic interviews: All formal forensic interviews conducted at the Center are performed by trained professionals who have completed Oregon Child Forensic Interview Training (OCFIT) Course and practice according to the Oregon Interviewing Guidelines (OIG).
- a. 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.
  - b. The forensic interviewer will determine if interview aids and/or the introduction of evidence is helpful in facilitating the child's disclosure.
  - c. Formal interviews at the Center are digitally recorded.
  - d. These recorded interviews are kept at the center and only released to law enforcement investigating the current concerns or if an appropriate subpoena and protective order are provided.
8. 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.
- a. The family support team members are master's level mental health clinicians who are trained in and participate in ongoing training of child maltreatment and trauma.
  - b. The family support team member is present at the evaluation to meet with the supportive caregivers, and provide intervention and education as needed. The team follows up with the caregivers after the evaluation is completed to provide additional support and assess what additional resources are needed.

- c. The advocates for the District Attorney's office will provide victim advocate services for court related activities and long-term needs.

9. Evaluations:

- a. 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, if deemed appropriate, 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.
- b. Community partners investigating the concerns of maltreatment, such as law enforcement and DHS, are invited and expected to be present at the Children's Center evaluations, if possible. If community partners are unable to attend an evaluation, the clinical team will share information regarding the evaluation in a secure manner afterwards.
- c. 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 are provided.
- d. Information regarding the evaluation is provided to MDT members verbally or electronically in a secure fashion.

**V. CRIMINAL PROSECUTION (Prosecution and Disposition of Offenders)**

**A. Adult Offender Procedures**

- 1. Pre-charge investigation
  - a. 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



- a. The DDA has discretion and responsibility for initiating legal proceedings.
- b. The DDA reviews reports submitted by police and DHS/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, DHS/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.
- c. 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

- a. The DDA will consult with the victim's family before completing negotiations on a case.
- b. Each case involving a Measure 11 crime will be staffed by the Measure 11 committee before an offer is made.
- c. 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

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

- c. The defendant has the right to elect to have the case decided by either a jury or a judge.
  - d. 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.
  - e. 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.
5. Assignment of Clackamas County DA Victim's Advocate

An advocate through the Clackamas County District Attorney's Office is available for victims of crime in Clackamas County. DA Advocates can respond at the time a crime report is made to make contact with 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:

- emotional support and information on the criminal justice system and victim rights,
- community referrals,
- assistance with Crime Victim's Compensation,
- accompaniment to interviews with law enforcement and DDA's, court accompaniment,
- assistance with protective orders,
- and other advocacy services as needed.

## **VI. YOUTH AS OFFENDER: Delinquency and 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 F.

## APPENDICES

- A. Child Abuse Legislation –Links to Oregon Statutes
  - Child Abuse Reporting Statute
  - Multi-Disciplinary Team Enabling Legislation
  - DHS Cross Reporting Policy (OAR 413-015-0300 – 413-015-0310)
  - Karly’s Law – HB 3328 & HB 2449
  - Senate Bill 101
  
- B. MDT Case Review Protocol (Sensitive Case & Child Fatality)
  
- C. DEC Protocol
  
- D. CSEC Protocol
  
- E. Healthy Behaviors & Boundaries Team (HBB)
  
- F. Juvenile Justice Procedures
  
- G. Case Consultation Phone Number
  
- H. Child Abuse Acronyms
  
- I. Interagency Agreement

**Child Abuse Legislation – Links to Oregon Statutes**

1. **Child Abuse Reporting Statute (ORS 419B.005 – 419B.050)**
2. **Multi-Disciplinary Team Enabling Legislation (ORS 418.746 – 418.800)**  
available at  
<http://www.doj.state.or.us/crimev/cami.shtml>
  
3. **DHS Cross Reporting Policy (OAR 413-015)**  
available at  
[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-ab3.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-ab3.pdf)
  
4. **Karly’s Law HB 3328 & HB 2449**  
available at  
<http://www.doj.state.or.us/crimev/cami.shtml>
  
5. **Senate Bill 101 & Senate Bill 1540**  
available at  
<https://olis.leg.state.or.us/liz/2017R1/Downloads/MeasureDocument/SB101/Enrolled>  
&  
<https://ssl.clackamas.us/liz/2018R1/Downloads/MeasureDocument/SB1540/,DanaInfo=olis.leg.state.or.us,SSL+Enrolled>
  
6. **Clackamas County Human Trafficking MDT Protocol**  
  

**Contact CC District Attorney’s Office for current copy of new Protocol**  
**RussellAmo@clackamas.us**

**CLACKAMAS COUNTY  
CASE REVIEW PROTOCOL**

**I. Purpose**

- A. 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.
- B. To provide a formal process for exchange of information among team members and agencies.
- C. To increase interagency collaboration, maximize efforts of all team members, and build cooperation among participating agencies.
- D. To encourage accountability among team members and agencies.
- E. To promote team sharing of knowledge, experience and expertise.
- F. To ensure the needs of children are met sensitively, effectively and in a timely manner.
- G. To support professionals in carrying out their mandates and fulfilling their roles.

**II. MDT Case Review Team**

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

**III. Confidentiality**

- A. MDT members must maintain confidentiality of the cases presented for case reviews once outside of the MDT Case Review meeting.
- B. 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.
- C. Confidential materials will be turned in to the MDT Coordinator at the end of the meeting.

**IV. Case Selection**

- A. Examples include:
  - 1. Cases involving multiple agencies
  - 2. Active or resolved cases
  - 3. Declined cases
  - 4. Multiple victim cases
  - 5. Complex cases
  - 6. High profile cases
  - 7. Cases that highlight a gap in the system
  - 8. Cases that highlight a learning opportunity
  - 9. Cases that illustrate a success, strength of MDT

**V. Frequency of Case Reviews**

- A. MDT Case Review meets on the 2<sup>nd</sup> Tuesday of the month at Children’s Center from 9:45 am to 12 pm.
- B. 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.

**VI. Coordination**

- A. Any MDT member may choose a case to present.
- B. 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, DHS Caseworker (if assigned), LEA (if assigned).
- C. The Case Review Coordinator will create and send agenda to MDT Case Review members.
- D. 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.

**VII. Case Review Process**

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

**VIII. 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 our participation in Case Review.

**IX. Facilitation, Documentation & Follow-up**

- A. Facilitation of meeting is shared between DHS Representative and Children’s Center.
- B. Minutes of all Case Reviews, including issued identified, conclusions and recommendations will be recorded by MDT Coordinator.
- C. 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.
- D. Minutes are distributed to MDT Case Review Coordinator.

## **Child Fatality Review**

### **I. Purpose**

- A. 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.
- B. To identify issues related to preventability.
- C. To promote implementation or recommendations which arise from review.

### **II. Coordination**

- A. The Medical Examiner will notify the MDT Coordinator of all child fatalities (0-17 years of age).
- B. The Child Fatality Review Team shall meet quarterly or as needed. The Review Team will include required members of MDT and those directly involved with the child fatality referrals.
- C. 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.
- D. The CC MDT Chair will facilitate the review meeting.
- E. 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.
- F. 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.
- G. 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.
- H. 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**

### **I. Criteria**

The following shall be considered sensitive cases:

- 1. Cases involving public officials, public employees or persons involved in child abuse/advocacy work.
- 2. Highly publicized cases.

3. Cases where a non-offending parent expresses concern regarding the handling of a case.
4. Cases where a member of the public expresses concern regarding the handling of a case.
5. Any case that has been reported to an MDT Member may be subject to review.

## **II. Coordination**

- A. 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.
- B. When a case is appropriate for review, it will be reviewed by members present at MDT meeting or at monthly MDT Case Review meeting who were not directly involved in that particular case.
- C. 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.
- D. 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.
- E. Findings of the review may be shared per each individual agency protocols.



**CLACKAMAS COUNTY PROTOCOL  
FOR DRUG ENDANGERED CHILDREN (DEC)**

**I. PROTOCOL STATEMENT**

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

**II. POLICE, FIRE DEPARTMENT, AND HAZARDOUS MATERIALS TEAM PROTOCOL**

**A. Level I Response: Children Found at Methamphetamine Laboratories**

1. **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 DHS via the Child Abuse Hotline **(971) 673-7112**.
2. **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 DHS 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, DHS will refer child to Children's Center for medical evaluation.

3. **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).
4. **Child Placement:** The determination of the appropriate temporary placement of a child found in a methamphetamine laboratory is the responsibility of the responding DHS personnel and law enforcement.
5. **Advance DHS 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 **(971) 673-7112**.
6. **Obtaining Medical History and Parental Consent:** DHS shall attempt to obtain information on medical history and shall attempt to obtain consent for medical evaluation and testing from parents or guardians.
7. **Medical Evaluation:** A referral should be made to Children’s Center for medical evaluation follow-up and possible forensic interview.

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

1. **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 **(971) 673-7112** so the need for a DHS 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 DHS and Juvenile Court by 9:00 am the following day.

2. **Advance DHS 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 **(971) 673-7112**.

**C. 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.

### III. DEPARTMENT OF HUMAN SERVICES (DHS) PROTOCOL FOR CLACKAMAS COUNTY

#### A. DHS Response to Drug Endangered Children

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

1. LEA will call the Child Abuse Hotline **(971) 673-7112**
2. DHS 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.
3. If a CW assessment is required, the screener determines the timelines for assignment based on the immediate safety needs of the child; 5-day, 24 hours and refers to the appropriate branch.
4. After-hours protocol: all child abuse calls are received by the Multnomah County Child Welfare Hotline. The same DEC protocol will apply when screening these calls after hours.

#### B. Level I Response: Children Found at Methamphetamine Laboratories

If DHS finds a child at a methamphetamine lab, DHS 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, DHS will refer child to Children's Center for medical evaluation.

#### C. 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.

1. If a child is found in an environment where significant use, possession or consumption of illegal or legal substances is occurring, DHS shall contact Children's Center for further medical triage decision making.
2. 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.

#### **IV. CLACKAMAS COUNTY DISTRICT ATTORNEY'S OFFICE PROTOCOL**

##### **A. The Drug Unit of Clackamas County District Attorney's Office**

- 1 **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.
2. **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.

**Commercially Sexually Exploited Children (CSEC) Protocol**

- I. Definitions**
  - A. Child: an unmarried person under the age of 18.
  - B. Commercially Sexually Exploited Children (CSEC): CSEC includes, but is not limited to, criminal acts as defined in ORS Chapter 163 & 167, when any party receives or offers anything of value such as money, drugs, goods or services, in exchange for any sexual conduct, and facilitating, permitting, or aiding in any way, the use of a child in any pornographic or sexually provocative material. This includes any advertisement for escort services, employment in any adult-oriented business, or permitting a child to remain therein. Commercially Sexually Exploited Children do not require “movement,” but includes any act or attempted act of what would constitute the crime of prostitution. Sexual exploitation of children is a form of child sexual abuse.
  
- II. Reporting/Cross Reporting/Screening**
  - A. Children who are sexually exploited fall within the mandatory reporting guidelines.
  - B. Allegations of child abuse must be made to DHS/CW by calling the Child Abuse Hotline **1-855-503-SAFE (7233)** or to a LEA.
  - C. Each agency, both DHS/CW and a LEA, has an obligation to immediately notify the other regarding any report of child abuse within 24 hours. This is called cross reporting.
  - D. The initial reporting agency (DHS/CW or LEA) should also call the DA Human Trafficking Victim’s Advocate (503-655-8616) and/or Safety Compass advocate at (971-235-0021).
  
- III. Case Investigation**
  - A. DHS/CW will assign a worker based on information gathered in their intake process.
  - B. Each law enforcement agency will make case assignment determinations based on information provided and their own agency protocols.
  - C. Children’s Center should be contacted for consultation and coordination of care.
  
- IV. Addressing Medical Needs**
  - A. All children who are commercially sexually exploited (CSEC) have medical needs which should be promptly addressed.

	<b>Medical Consultation</b>	<b>Medical Exam</b>
<b>Weekdays</b>	M-F 830-5 Children’s Center (503) 655-7725(p) (503) 655-7720(f)	All ages Acute (sexual assault < 84 hrs.) & non-acute Children’s Center (503) 655-7725
<b>After Hours</b>	Children’s Center (503) 655-7725 Follow VM prompts for on-call provider	<b>Acute (sexual assault &lt;84 hrs.):</b> <b>&lt;= 14yo:</b> <ul style="list-style-type: none"> <li>• Randall Children’s Hospital @ Legacy Emanuel (503) 413-4684</li> <li>• Doernbecher Children’s Hospital @ OHSU (503) 494-6270</li> </ul> <b>Ages 15,16,17:</b> <ul style="list-style-type: none"> <li>• RCH @ Legacy</li> <li>• Doernbecher @ OHSU</li> <li>• Providence St. Vincent Hospital</li> <li>• Alternative ED’s with SANE services: Legacy Meridian Park, Legacy Good Sam, Legacy Mt. Hood, Adventist Medical, Providence WF, Providence Portland</li> </ul> <b>Non-acute:</b> refer to Children’s Center for a weekday appointment

**Clackamas County HBB (Healthy Behaviors & Boundaries) Protocol**

**I. Purpose**

- A. 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 and do not have a current open case at DHS.
- B. The HBB Team identifies children whose sexually inappropriate behavior may put them at future risk of involvement with the court system and supports parents in protecting their children by offering information and resources for intervention.
- C. 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 Team's expertise is used to develop a concrete outreach and follow-up plan for each referral to HBB.
- D. The HBB team also provides education to the community about youth with problematic sexual behavior through presentations, how to make referrals, intervention resources and prevention education.
- E. The HBB Team meets monthly on the 2<sup>nd</sup> Wednesday of the month at 9:00 a.m. at the Children's Center and includes representatives from:
  - a. The District Attorney's Office
  - b. Clackamas County Juvenile Department,
  - c. Law Enforcement,
  - d. Department of Human Services
  - e. Clackamas County Schools
  - f. Victim's Advocate
  - g. Clackamas County Mental Health,
  - h. Children's Center
  - i. And other designated agencies

**II. HBB Process**

**A. Referrals**

Referrals to HBB for review can originate from Clackamas County agencies – DHS, LEA, schools, Juvenile Department, CC Behavioral Health and are sent to MDT/HBB Coordinator for monthly review.

**B. Agenda and Review**

MDT/HBB Coordinator will review referrals and set agenda. Agenda will be sent to members one week before monthly meeting.  
Team will meet monthly and develop an action plan for each referral.

### **C. Interventions- Levels of Response**

#### **One or more of these interventions may be recommended:**

1. Referral to HBB Outreach Coordinator for contact with families, providing education, support and referral services.
2. Follow-up letters and/or packet of resources.
3. Referral to DHS 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 Juvenile to open a delinquency case and for children 11+ who could benefit from more formal intervention.
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.

### **B. Follow-Up/Case Closed**

Follow-up will be provided by HBB Outreach Coordinator or team member

1. To confirm recommendations occurred.
2. To confirm final review by team, resources sent, and case closed.

### **C. Documentation**

1. MDT/HBB Coordinator will maintain referrals, agendas, minutes and case review summaries.
2. MDT/HBB Coordinator & HBB Outreach Coordinator will maintain a database including name, gender, age, location, nature of incident, and intervention.
3. HBB will provide quarterly data reports to MDT.



## Juvenile Justice Custody Procedures

### V. Child as Offender: Delinquency and/or Dependency Cases

#### A. Juvenile Offender Procedure

##### 1. Juvenile Justice Jurisdiction

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

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

##### 2. Juvenile Delinquency Investigation

a. The juvenile court requirements for investigation and proving a case are the same as those in adult court. A juvenile suspect is entitled to the same rights as an adult, except a trial by jury. They have no right to bail, but their custody is very different.

##### b. Custody (Arrest)

- A juvenile suspect may be taken into custody under the same circumstances as an adult suspect.
- In lieu of taking a juvenile suspect into custody, the officer may cite the juvenile into court or release the juvenile without a citation and submit police reports to the juvenile department for further action.
- If the officer takes the juvenile into custody, the officer is 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, counselor is responsible for notifying the parent/guardian in a timely manner. The officer who arrests a juvenile may also contact the JIAC and request transportation by the juvenile department. The juvenile department will send a vehicle to complete the transport.
- At the JIAC, an assessment will be made as to what is the most feasible release plan for the youth. 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, consideration of hospitalization, a release to self, or a decision to lodge the youth in detention. The JIAC can only hold a youth for up to five hours to affect a placement.

- Youth must first meet statutory requirements. The Juvenile Department has the authority to lodge youth in secure custody. Authorization for lodging can be made by a JIAC staff or Juvenile. JIAC staff may be contacted 24 hours a day at (503) 650-3180. Counselor may be contacted Monday-Thursday at (503) 655-8342.
  - At the time the juvenile is taken to the Intake and Assessment Center, the juvenile may be fingerprinted and photographed.
- c. If the juvenile is placed in detention, a preliminary hearing will be held on the next judicial workday. The police agency report must be submitted as early as possible on the morning of the next working day after the youth is lodged so a petition can be filed. If reports are not timely and thus cannot be reviewed, a petition cannot be filed, and it will result in the youth offender having to be released.

At the preliminary hearing, the judge will advise the youth of his/her 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 will this occur. Some of the traditional release options, the judge will consider are: a release to a parent or guardian, placement in a shelter program or foster home, or being held at the detention facility. When a youth is released, they are usually conditionally released on a set of requirements 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 who will start the intake process. That process involves the reviewing of police reports, gathering collateral information, making assessments, and obtaining evaluations, and considering whether to proceed informally or formally with the referral.

- 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 immediate and long-term safety of the community and youth, and works with the Victim's Advocate or Juvenile Victim Services 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. The attitudes of parents and the youth are important factors.
  - c. Clackamas County Juvenile Department uses Diversion Panels to provide swift, logical and immediate consequences and accountability for first time misdemeanor juvenile offenders. 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 are referred to the Juvenile Department for a non-violent misdemeanor offense, a status offense or a violation are eligible for diversion. These youths are diverted back to their cities to be held accountable for their offenses. Youth referred to a diversion program can usually have all their requirements completed and case closed in three months.
  - d. Juvenile court counselors are assigned geographically by school district and have responsibility for a case from the point of assignment at intake to termination.
  - e. For those cases that are proceeding formally in court, the District Attorney will determine if there is factual and legal sufficiency and decides whether a petition should be filed.
  - f. Incomplete reports are to be returned to the originating law enforcement agency when further criminal investigation is necessary.
  - g. Under ORS 137.707, there is a category of offenses where a youth who is 15, 16, or 17 years of age at the time the offense is committed, shall be prosecuted as an adult in criminal court.
  - h. In addition, Oregon law under ORS 419C.349 and 419C.352 describes a process in which a youth under certain circumstances may be waived from the juvenile court to the adult court for criminal prosecution.
4. Informal Resolution:
- Many matters are resolved through an informal process. A youth enters into a Formal Accountability Agreement by which the youth can be required to abide by rules of informal probation.

Failure to comply with the conditions of informal probation may result in the case being reviewed by the district attorney for the filing of a petition, which would result in court proceedings. (Informal probation is not available when the child is removed from the home.)

## 5. Formal Resolution

### a. Adjudication (Guilt)

- A formal proceeding in the juvenile court is initiated by the filing of a petition. The filing decision is based upon facts contained in police reports. As in the adult criminal court system, these reports are provided to the juvenile suspect's attorney. The investigation must be thorough as in the adult system. Complete and clear reports enhance the likelihood of a successful juvenile adjudication.
- Legal sufficiency to proceed with a formal adjudication is within the discretion of the DDA. The DDA 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 DDA and victim during the juvenile adjudication process. Police, DHS/CW, or juvenile counselors should contact the Clackamas County District Attorney Victim Assistance to coordinate support services.
- A judge determines whether the juvenile offender has committed 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)

- Disposition is often set over for several weeks while a Reformation Plan is created and given to the Court.
- While most juveniles remain at home on probation utilizing community treatment programs, the court may order the juvenile to be removed to a residential treatment center, a state correctional facility, foster care, or a psychiatric facility. Inpatient or outpatient services are available options for disposition. The duration of probation can be up to five years or until the juvenile becomes 25. Institutionalization is limited to the equivalent to the

indeterminate period that an adult could be sentenced for the same charge.

- 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 court or juvenile department. Oregon Youth Authority supervises youth placed in community residential programs or state correctional facilities.

#### B. Juvenile Victim Procedures (Dependency Cases)

Juvenile dependency procedures exist in the juvenile court separate and distinct from juvenile offender prosecution. The purpose of juvenile dependency cases is to assure the protection of children from neglect of their basic needs, physical, sexual and emotional abuse, and exposure to domestic violence, as well as to establish permanency for children and families as quickly as possible and to ensure safety.

## APPENDIX G

<b>CASE CONSULTATION</b>		
<b>Consultant</b>	<b>Monday-Friday, 8:30-5</b>	<b>Evenings/Weekends</b>
<b>DA Victim's Assistance Program</b>	503 655-8431 503 655-8616	503 655-8431 503 655-8616
<b>DHS</b>	Hotline 971 673-7112	Hotline 971 673-7112
<b>Medical</b>	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  
(<84 hours)**

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

Providence St. Vincent Hospital (ages 15+ only)  
503 216-2361

**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

**Common Acronyms**

**AG** - Attorney General  
**AR**- Alternate Response  
**CAC** - Child Advocacy Center  
**CAIC** - Child Abuse Intervention 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  
**CCD** - Child Care Division  
**CCJD** - 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  
**DHS** - Department of Human Services  
**DMP** - Designated Medical Professional  
**DOJ** - Department of Justice  
**DR** - Differential Response  
**DV** - Domestic Violence  
**DVERT** - Clackamas Co. Sheriff's Office Domestic Violence Team  
**EA** - Emotional Abuse  
**ED** - Emergency Department  
**FI** - Forensic Interview  
**HBB** – Healthy Behaviors & Boundaries (formerly RISK)  
**LEA** - Law Enforcement Agency  
**MDT** - Multidisciplinary Team  
**NCA** - National Children's Alliance  
**OCF** - Oregon Commission for Children & Families  
**OAR** - Oregon Administrative Rules  
**ONCAIC** - Oregon Network of Child Abuse Intervention Centers  
**ORS** -- Oregon Revised Statute  
**PA** - Physical abuse  
**PPO** - Probation/Parole Officer  
**RFP** - Request for proposal  
**RISK** - Response to Inappropriately Sexualized Kids Committee (now Healthy Behaviors & Boundaries (HBB))  
**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  
**TR** – Traditional Response  
**VA** - Victim Assistance  
**VOCA** - Victims of Crime Act

**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 the requirements of the Clackamas County Multi-Disciplinary Team Child Abuse Protocol, Revised February 2020.

All assessments, investigations, and interviews pertaining to child abuse and neglect shall 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 child care 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**