



**HUMAN TRAFFICKING MULTIDISCIPLINARY
TEAM
PROTOCOLS**

January 2022

MEMBER AGENCIES

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

CLACKAMAS COUNTY DISTRICT ATTORNEY'S OFFICE

CLACKAMAS COUNTY JUVENILE DEPARTMENT

CLACKAMAS COUNTY BEHAVIORIAL HEALTH

CLACKAMAS COUNTY SHERIFF'S OFFICE

DEPARTMENT OF HUMAN SERVICES/CHILD WELFARE

CHILDREN'S CENTER

A VILLAGE FOR ONE

SAFETY COMPASS

GLADSTONE POLICE DEPARTMENT

MILWAUKIE POLICE DEPARTMENT

MOLALLA POLICE DEPARTMENT

WEST LINN POLICE DEPARTMENT

LAKE OSWEGO POLICE DEPARTMENT

SANDY POLICE DEPARTMENT

OREGON CITY POLICE DEPARTMENT

CLACKAMAS COUNTY HUMAN TRAFFICKING MULTIDISCIPLINARY TEAM PROTOCOLS

I. Introduction

A. Overview

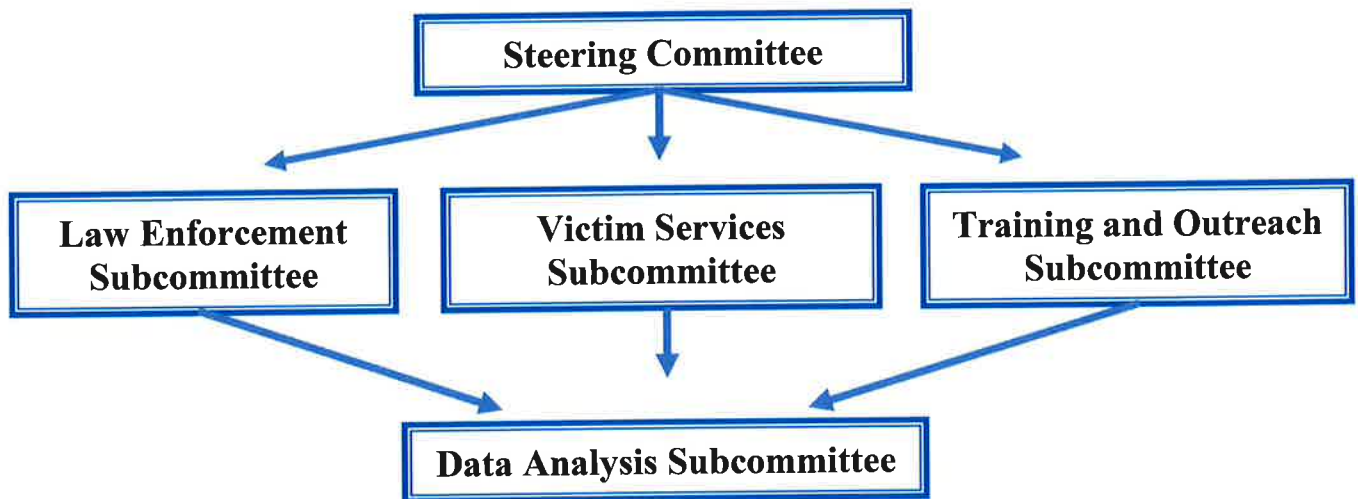
The Trafficking Victim’s Protection Act, a federal law passed in 2000, was designed to combat trafficking in persons, especially into the sex trade, slavery, and involuntary servitude to ensure just and effective punishments of traffickers and to protect their victims. In 2007, the State of Oregon adopted its own trafficking statute to address the increasing problem within our jurisdiction. As a response in 2011, the Clackamas County Juvenile Department developed the Clackamas County Child Sexual Exploitation Coalition to identify and address the needs of child victims in our county. To further examine the issue and expand to adult victims, in 2015 the county developed a working group to research and analyze the identification and response to human trafficking in our community. The working group discovered an extreme lack of education about the victimology and criminal activities within our boundaries. In addition, the county lacked a coordinated response to trafficking cases. The working group transitioned the Child Sexual Exploitation Coalition into the Clackamas County Human Trafficking Multi-Disciplinary Team (hereinafter referred to as the “HT MDT”).¹ In 2018, the HT MDT was certified within the State of Oregon.² The development of such a team was in response to the changing landscape of human trafficking policy and to coordinate response efforts in our jurisdiction.

The purpose of the human trafficking protocol is to foster collaboration and coordination among agencies to improve the capacity to identify human trafficking victims while providing safety and services to end their exploitation and to hold their exploiters accountable. Those involved in this effort will use best practices to ensure that human trafficking victims are successfully placed in a protective environment that offers trauma informed care in order to stabilize them during a critical time. This will include a range of victim centered services across multiple agencies that will provide a continuum of care model to fully address the victim’s needs. In addition, an interagency collaborative approach will be utilized for victim outreach and at risk populations so they can better protect themselves from victimization and recognize risky situations.

¹ See Appendix A, a Historical Timeline produced by the 2015 Clackamas County Working group,

² See Appendix B, the Human Trafficking MDT Statewide certification and signed partnership agreement.

The foundational structure of the HT MDT includes the following steering committee and current subcommittees:



The success of the multi-disciplinary approach depends entirely on prompt and sustained information sharing and coordination between law enforcement and social service agencies that respond to reports of human trafficking in addition to implementing proactive strategies to identify and service victims within our community. The Protocol is intended to serve as a guide and resource to victim advocates, social service providers, healthcare providers, law enforcement, and prosecutors on how to detect and investigate human trafficking, successfully prosecute the crimes and address the recovery needs of the victim.

B. Development of the Protocol

The Protocol was developed over a series of meetings, hosted by the District Attorney’s Office and the HT MDT Coordinator, beginning in 2018 - 2019. Participants in those meetings included the District Attorney, the Sheriff, the Juvenile Department, the HT MDT coordinator and representatives from Safety Compass a nongovernmental organization specializing in providing services to victims of sex trafficking. The protocols were then reviewed and adopted by all of the HT MDT members.

C. Disclaimer

Nothing in this Protocol is intended to create any substantive or procedural rights, privileges or benefits enforceable in any administrative, civil or criminal matters by any prospective or actual defendants, witnesses or parties.

Although the identification, response and investigation into human trafficking should always be grounded in scientific research and best practices such efforts involve a unique set of circumstances and each case is inherently different often leading to unpredictable or surprising elements which is a reminder that these protocols are simply guidelines. It is essential that members of the team have the freedom to exercise their best judgment in each individual case of situation.

II. Governance

The members of the HT MDT are self-governing and have committed to working together to fulfill the goals of the protocols. These materials seek to facilitate the coordination of key partners and to ensure that each discipline understands the roles and responsibilities of each member to enhance team cooperation. All disciplines have overlapping responsibilities and must work together to divide tasks, share tasks, and share information gained for the benefit of all agencies as well as the protection of victims and the community.

The crime of human trafficking requires a comprehensive and collaborative response between law enforcement, service providers and the community. These protocols set out the mutual understanding of the principles underlying the relationship between the parties in matters concerning the planning and service delivery of law enforcement investigations, victim-centered services, prosecution and promoting public awareness.

The HT MDT Steering Committee is the entity in the county responsible for overseeing the development and implementation of the protocol. The steering committee is responsible for:

- Assessing and addressing immediate and long-term needs.
- Overseeing and monitoring the development and revision of the HT MDT protocols as needed.
- Defining and documenting the roles and responsibilities of each agency and partner.
- Providing input on how to use HT MDT funding.
- Identify and recommend appropriate resources and services for victims and law enforcement.
- Coordinate, monitor and adjust service plans to achieve desired outcomes.
- Identifying training needs.
- Oversee and monitor the collection and analyzation of aggregate data.
- Overseeing the development of an annual report to the state outlining the work of the human trafficking MDT.
- To review and approve new members to the HT MDT but other non-members are nonetheless encouraged to attend and engage with the team.
- Meeting quarterly to ensure appropriate oversight of the MDT.

The MDT Steering Committee with the guidance of the team shall have the responsibility and authority for establishing the appropriate subcommittees and determining how frequently they will meet.

III. Protocol Statement

A. Clackamas County HT MDT Mission Statement

The mission of the Clackamas County Human Trafficking Multi-Disciplinary Team is to develop a professional team of human trafficking investigators, prosecutors and service providers who share an interagency commitment to protect men, women and children from labor and sexual exploitation.

B. Purpose Statement

The HT MDT is a team approach to the assessment and collaboration of services for victims/survivors, in addition to the investigation and prosecution of criminal cases. The MDT members work in collaboration to address the needs of victims 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 HT MDT has a written set of protocols signed by representatives of all team agencies. The purpose of the protocol is to clarify each agency's duties and responsibilities and to improve agency coordination. The goals include the following:

- Prevention and Public/Community Awareness/Education.
- Coordinated response to HT reports.
- Ensuring immediate as well as long-range services to support the survivor that are in their best interests.
- Supporting law enforcement efforts with regard to the prosecution of traffickers and buyers and to perform investigations in an expedited and effective manner.
- Preventing the abuse of other potential victims.
- Formalizing collaboration at a county level, leveraging existing entities and services.
- Developing and/or combining available resources.
- Strategic planning to reduce demand and interdict activity.
- Giving survivors a voice.

- Cross Discipline Training.
- Collection and analysis of county-level data regarding Human Trafficking and survivors.

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

C. General Goals

The general goals of the HT MDT are the following which are more specifically outlined in these protocols:

- Identification: Identification of Human Trafficking victims and/or traffickers.
- Referral: Referring cases of confirmed or suspected human trafficking or at-risk victims to Law Enforcement, advocates and service providers.
- Service: Provide the necessary services to trafficking victims.
- Investigation: Effectively investigating and prosecuting cases of human trafficking.
- Prosecution: Effectively prosecuting traffickers/exploiters of human trafficking to provide accountability with justice for victims.
- Training and Education: Training and education surrounding human trafficking to increase awareness and identification of victims/traffickers.
- Data Collection: Collecting and analyzing data of human trafficking within the county.

D. Protocol Review

This protocol will be reviewed every two years by the members of the Clackamas County Human Trafficking Multidisciplinary Team (HT MDT) and may be revised and updated at anytime upon approval of the current active members of the Clackamas County HT MDT. This protocol is intended to outline the process and does not list every service provided by each undersigned agency.

IV. Composition of Team

The team includes, but is not limited to, representatives from: law enforcement, child protective services, prosecution, the juvenile department, mental health, the medical profession, victim advocacy, non-governmental organizations and the Child Advocacy Center.

V. Responsibilities

The responsibilities of the HT MDT include the following:

- Provide ongoing oversight and support to identify and serve trafficking victims while supporting law enforcement efforts to investigate and prosecute exploiters.
- Defining roles and responsibilities of each agency and partner.
- 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 those issues.
- Identify and maintain relationships with agency and community partners.
- Develop and implement strategic response to barriers and issues identified by the HT MDT.
- Provide input on how to utilize HT funding and assess resources.
- Overseeing the implementation of the interagency human trafficking protocols. This includes review and update of the protocol as needed.
- Review the progress of the working team and subcommittees.
- Assist in the development of education/training for MDT agency members with an emphasis on consistency and quality.
- Identify and pursue resources to assist in executing the mission of the HT MDT.
- Identify, review and coordinate a response to needed legislation.
- Collect and analyze data associated with human trafficking that MDT members are legally allowed to provide.
- Meet monthly to ensure information sharing and agency updates are received in a timely manner.
- Maintain a clear focus on its mission and purpose.

The District Attorney and the Human Trafficking MDT Coordinator (currently Safety Compass), as the meeting chairs, shall designate a member of his or her staff to chair the MDT.

VI. Records and Minutes

All information and records acquired by the HT MDT in the exercise of its duties are confidential. They may only be disclosed in the course of a human trafficking investigation and/or case review.

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

The Clackamas County HT MDT meets on the 1st Monday of the month at 10 a.m. at the Clackamas County Juvenile Department.

VII. Definitions

A. Human Trafficking

The two most common types of human trafficking are sex trafficking and forced labor. The definition of these types/terms are as follows:

- **Sex Trafficking**: The terms “sex trafficking” are defined as the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person for the purpose of a commercial sexual act, in which the commercial sex act is induced by force, fraud, or coercion. *See* ORS 163.266. Sex trafficking typically involves a “commercial sex act” which is defined as:
 - i. **“Commercial Sex Act”**: The terms “commercial sex act” means sexual conduct or sexual contact as those terms are defined under ORS 167.002, performed in return for a fee or anything of value.
 - ii. The HT MDT places a special emphasis on situations where the person induced to perform such an act has not attained 18 years of age.
- **Labor Trafficking**: The terms “labor trafficking” means the recruitment, harboring, transportation, provision or obtaining of a person for labor services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude. *See* ORS 163.263 and ORS 163.264. Labor trafficking typically involves the use “involuntary servitude” which is defined as:
 - i. **“Involuntary Servitude”**: The terms “involuntary servitude” include forcing a person to engage in services by abusing or threatening to abuse the law or legal process, withholding passport or identifying documentation, threat of arrest or deportation, a fear of withholding the necessities of life, causing or threatening to cause physical injury, serious physical injury or death, and/or physically restraining the

victim or restraining another person. *See* ORS 163.263 and ORS 163.264. In this context, the term “services” means activities performed by one person under the supervision or for the benefit of another person. *See* ORS 163.261.

- ii. The HT MDT places a special emphasis on situations where the person induced to perform such an act has not attained 18 years of age.

B. Trafficker

- The term “trafficker” means any person who knowingly engages in human trafficking, attempts to engage in human trafficking or benefits financially by receiving anything of value from participation in a venture that has subjected a person to human trafficking.

C. Survivor/Victim

- A “victim/survivor” of human trafficking is someone who is compelled through force, fraud and/or coercion to perform acts of labor and/or sex trafficking.

D. Child

- A “child” means an unmarried person under 18 years of age or an emancipated minor.

This definition was adopted in accordance with the Clackamas County Child Abuse MDT.³

E. Child Abuse

- Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than accidental means, including any injury which appears to be at variance with the explanation given of the injury.
- Any mental injury to a child, which shall include 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.

³ *See* Appendix C, The Clackamas County Child Abuse Multi-Disciplinary Team Protocols, Sections II(A), pg. 7.

- 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 which 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 described in ORS 163.665 and 163.670, sexual abuse involving a child or 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.
- Negligent treatment or maltreatment of a child, including but not limited to the 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 are being 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.

This definition was adopted in accordance with the Clackamas County Child Abuse MDT.⁴

F. Signs of Human Trafficking/Risk Factors:

The signs of human trafficking/risk factors for victims include the following:

- Frequently “on the run” or regularly changes residence.

⁴ See Appendix C, The Clackamas County Child Abuse Multi-Disciplinary Team Protocols, Sections II(A), pgs. 7 - 8.

A person is homeless.

- A person refers to substance use/abuse.
- Has heightened sense of fear or distrust of authority/law enforcement.
- Exhibit behaviors including fear, anxiety, depression, submission, tension, and/or nervousness.
- Does not maintain family connections.
- Identifies the street family as his or her mother or father.
- Does not know what drugs he or she has taken.
- Not allowed to speak to others alone and is controlled by another person (a boyfriend, other adult, or even same-age peer).
- Accompanied and transported by dominating or controlling person.
- Cannot or will not speak on own behalf.
- Inability or fear to make eye contact.
- Excess cash.
- Has money without clear explanation of where it came from.
- Has a sudden change in attire, behavior, or material possessions (has expensive items, dresses provocatively or has unaccounted for money).
- Wearing expensive clothing and has hair and nails done regularly, though he or she has no income to pay for such items.
- Has a cell phone but no apparent means to pay for it.
- Inappropriate control over income or schedule given their age.
- Secrecy about whereabouts.
- Unaccounted for time.
- Keeping late-night or unusual hours.
- Works long hours.
- Is paid very little or nothing for work or services performed.

- Repeated curfew violations, keeps unusual hours, chronic truancy/tardiness from school or does not attend school.
- Is not engaged in school or work, or has significant gaps in schooling.
- Lying about age/false ID/no ID.
- Not in control of documents.
- Contradicting personal information.
- Has unexplained injuries.
- Has suspicious tattoos (branding).
- Has a “boyfriend” or “girlfriend” but does not know his name or only knows his street name.
- Presence of significantly older male/female or boyfriend/girlfriend who seems controlling.
- Any mention of pimp/boyfriend.
- Refers to employer/boyfriend as “Daddy”.
- Makes reference or is participating in an online relationship and has not met the person face-to-face.
- Self-disclosed or reported history of multiple/anonymous sex partners.
- History of sexually transmitted disease(s).
- Is pregnant/a minor parent.
- Frequent need for medical attention: STI/STDs, pregnancies, multiple ED visits.
- Returns from being on the run and reports sexual assaults by strangers (e.g., rapes, gang rapes). He or she may make multiple reports of such abuse, especially if on the run regularly.
- “Picked up” from being on the run at a hotel, transit station, or other known location of prostitution.
- Picked up from being on the run with adults that have a history of previous exploitation.

- Has multiple hotel keys, saying “Some guy got me this hotel.”
- Makes reference to sexual situations that are beyond age-specific norms.
- Engages in sexually provocative behaviors, is promiscuous and/or has unprotected sex with multiple partners.
- Uses or makes reference to the terminology of the commercial sex trade.
- Depiction of sex industry in drawing, poetry, or lyrics to sexually explicit music or songs.
- Friend group includes other suspected or identified trafficking victims.
- Knows someone who has had sex for drugs, shelter, food, goods or money.
- Contact with adults or juveniles in prison.
- Criminal record/arrest history/juvenile probation.
- Gang affiliation reported, suspected or confirmed (may hang out with gang members).
- Excessive frequenting of internet chat rooms or classified sites.
- Has an explicitly sexual online profile via internet community sites, such as Facebook, etc.
- Exploitation on the internet, online ads, posed sexually explicit material.
- Stripping or dancing in a club.
- Sexually explicit photos or videos.

In regards to sexual exploitation the statistics show that one in three runaways will be lured into prostitution within forty-eight hours of running.⁵ For this reason, a child, teenage or young adult who is a chronic runaway is at high risk of becoming a victim of sex trafficking.

⁵ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Human Trafficking and Within the United States: A Review of the Literature, section 4.3, pg. 10 citing Spangenberg, M. (2001). *Prostituted youth in New York City*; An overview. New York: ECPAT-USA; National District Attorney’s Association, CASE Campaign Against Sexual Exploitation, <https://ndaa.org/programs/child-abuse/case/>; Washington DC: A Sexual Playground for Pimps and Johns: Exposing child prostitution rings in DC, by Alisha Ali, Examiner.com, March 17, 2009.

VIII. HT MDT Roles and Responsibilities

The roles and responsibilities for HT MDT members include the following. The ability to be flexible in these roles, however, is important given the unique circumstances associated with human trafficking cases. The most important components associated with these responsibilities are the relationship and coordination of the members.

Role	Responsibilities
Law Enforcement	<ul style="list-style-type: none"> • Identify victims of human trafficking. • Investigate cases or suspected cases of human trafficking. • Train and educate law enforcement to identify human trafficking cases and how to perform the subsequent investigations. These include law enforcement representatives who work at the Clackamas County jail. • Immediately contact the victim advocate MDT partners to include the District Attorney’s office and non-governmental organizations/community service providers upon identification of a human trafficking victim via phone to facilitate and expedited response. • Cross report to the Department of Human Services and/or the Juvenile Department when appropriate. • Coordinate response efforts with DHS when appropriate. • Contact the District Attorney’s office to coordinate response, investigation and prosecution. • Follow referral process outlined in these protocols. • Co-Chair the HT MDT Law Enforcement subcommittee. • Attend HT MDT Law Enforcement meetings regularly. • Participate in case staffings when requested. • Demonstrate trauma-informed, victim-centered approach to cases. • Provide expertise to inform the MDT policies and procedures.

	<ul style="list-style-type: none"> • Collect, analyze and share data associated with law enforcement referrals, contact with victims and investigations.
<p>District Attorney</p>	<ul style="list-style-type: none"> • Co-Chair the MDT. • Co-Chair the HT MDT Law Enforcement subcommittee. • Review/screen cases to identify potential cases of human trafficking. • Train and educate prosecutors and/or MDT partners and/or community organizations to identify and pursue human trafficking cases. • Coordinate with law enforcement in the investigation and prosecution of exploiters to include traffickers and Johns (those who are purchasing sex/clients). • Provide 24/7 assistance to law enforcement during investigations. • To develop and implement a human trafficking diversionary program for survivors. • Immediately report suspected or known victims to the appropriate agencies to include law enforcement, the department of human services, the juvenile department and/or non-governmental agencies via phone to facilitate an expedited response. • Review and pursue when appropriate cases submitted for prosecution. • Refer potential federal cases to the appropriate office. • Provide victim advocacy services to include access to resources. • Follow referral process as outlined in these protocols. • Refer cases for staffing as necessary. • Provide expertise to inform MDT policies and procedures. • Attend MDT meetings regularly. • Collect, analyze and share data associated with law enforcement referrals, contact with victims and prosecutions.

<p>Juvenile Department</p>	<ul style="list-style-type: none"> ● Screen juveniles who may be at risk of and/or victims of human trafficking. ● Make mandatory reports to DHS and law enforcement on identified or suspected victims or exploiters. ● Immediately cross-report any case where a CSE victim is identified or suspected to law enforcement and victim advocacy groups/agencies. ● Refer to victim advocates or non-governmental organizations when a victim or exploiter is identified or suspected. ● Follow referral process as outlined in these protocols. ● Support with access to confidential and systems-based advocates (DA's office advocates and Safety Compass advocates) and mental health service providers to meet with youth. ● Refer child to medical provider as appropriate to include a Sexual Assault Nurse Examiner (SANE) examination. ● Coordinate with law enforcement as necessary. ● Coordinate services with community partners identified as integral to trauma-informed, victim-centered services. ● Assess the needs of identified victims. ● Assist in coordinating immediate needs; food, clothing, housing, etc. ● Attend MDT meeting regularly. ● Participate in case staffings when required. ● Identify partnering agencies and encourage regular attendance and participating in MDT meetings. ● Collect, analyze and share data associated with juvenile department referrals, contact with victims and investigations.
<p>Department of Human Services</p>	<ul style="list-style-type: none"> ● Complete DHS Child Sexual Exploitation (CSE) screening tool on initial investigation, upon recovery

	<p>from run status, and/or any time CSE is suspected.</p> <ul style="list-style-type: none"> • Immediately cross-report any case where a CSE victim is identified or suspected via phone to law enforcement and/or the appropriate service providers – HT MDT members – to effectuate an immediate response. • Upon identification or assignment, DHS will review allegations, contact reporting party, and/or interview collaterals. • Refer the victim/child to the appropriate non-governmental organizations to provide the necessary services. Obtain a medical release order to facilitate such a referral. • Follow referral process outlined in these protocols. • Work with members of the HT MDT to provide safety planning, services and placement, as needed for the youth. • Attend MDT meetings regularly. • Participate in case staffing when requested. • Demonstrate trauma-informed, victim-centered approach with CSE youth. • Provide expertise to inform MDT policies and procedures. • Collect, analyze and share data associated with department of human services referrals, contact with victims and investigations.
<p>Probation/Corrections</p>	<ul style="list-style-type: none"> • Identify and screen probationers to identify victims of human trafficking or exploiters. • Immediately cross-report to the appropriate law enforcement agency, victim advocacy group(s) or non-governmental organizations when a victim or exploiter is identified or suspected. • Supervise those identified or suspected to be a victim/survivor of human trafficking.

	<ul style="list-style-type: none"> • Supervise those convicted of sex trafficking to ensure accountability and to reduce recidivism. • Attend MDT meetings. • Collect, analyze and share data associated with probation department referrals, contact with victims and investigations.
<p>Non-Governmental Agencies/Community Service Providers</p>	<ul style="list-style-type: none"> • Provide services for victims of human trafficking. • Immediately refer victims when risk factors of human trafficking are suspected or confirmed to appropriate MDT members. • Immediately refer victims to law enforcement when legally mandated or allowed. • Originate and engage in case staffing when appropriate. • Attend multi-disciplinary team meetings. • Collect, analyze and share data associated with referrals and/or contact with victims.
	<p><u>Safety Compass, NGO</u>: Is a 24/7 confidential community-based advocacy non-profit organization for human/sex trafficking survivors (up to the age of twenty-five) who is a member of the HT MDT. Their responsibilities are the same as other NGOs in addition to:</p> <ul style="list-style-type: none"> • Provide 24/7, 1-hour on-scene triage response for agency referrals to include law enforcement, DHS, and the Juvenile Department. • Assist victims with safety planning and services to include rights and compensation. • Provide confidential, community-based advocacy to survivors of sex trafficking up to the age of twenty-five in Clackamas County. • Immediately cross-report to Law Enforcement as allowed by law. • Attend regular MDT meetings.

	<ul style="list-style-type: none"> • Co-Chair the HT MDT Victim Services Sub-Committee. • Participate in case staffings when required. • Consult with community partners and MDT members on the issue of sex trafficking as subject matter experts. • Provide training, outreach and awareness. • Collect, analyze and share data associated with referrals and/or contact with victims.
	<p><u>A Village For One</u>: Is a community-based mental health service provider for human trafficking survivors up to age twenty-five and is a member of the HT MDT. Their responsibilities are the same as the other behavioral health representatives in addition to:</p> <ul style="list-style-type: none"> • Providing mental health assessments upon request. • Cross-report suspected or known human trafficking victims to the Department of Human Services when appropriate it. • Immediately cross-report to law enforcement when allowed by law. • Refer the victim to Non-governmental organizations or advocacy groups as appropriate. • Attend regular MDT meetings. • Co-Chair the HT MDT Training & Outreach Sub-Committee. • Participate in case staffings when required and appropriate. • Share information relevant to treatment and placement recommendations. • Consult with community partners and MDT members on the issue of sex trafficking as subject matter experts. • Providing training, outreach and awareness. • Collect, analyze and share data associated with referrals and/or contact with victims.

<p>District Attorney Victim Advocates.</p>	<ul style="list-style-type: none"> ● Provide services to all victims of crime in Clackamas County. ● 24/7 crisis line to provide support, information and referrals to victims of crime. ● 24/7 in person response to victims of trafficking and other crimes when requested. ● Provide advocacy to identified or suspected victims of trafficking regardless of age of the victim. ● Co-chair the MDT Victim Services subcommittee. ● Work collaboratively with other MDT members to provide support and advocacy for victims or suspected victims of trafficking. ● Refer victims to other resources as appropriate. ● Participate in subcommittees to assist in developing and implementing trauma-informed advocacy for victims of trafficking. ● Assist with the dissemination of information to the public and partner agencies regarding trafficking and resources available in Clackamas County. ● Participate in case staffing. ● Providing training, outreach and awareness. ● Provide data and statistics as requested.
<p>Medical Service Provider</p>	<ul style="list-style-type: none"> ● Make mandatory reports to DHS and law enforcement on identified or suspected victims of sex trafficking. ● Provide medical exams/SANE exams when appropriate. When the victim is a minor/child such an exam will be conducted within 48 - 72 hours of reported victimization. Sexual assault forensic examinations may be conducted up to 120 hours post-assault for patients 15 and older. Evidence collection for prepubertal

	<p>children is typically conducted within 24 hours of the exposure.</p> <ul style="list-style-type: none"> • Review, assess and treat health, medical and dental needs. • Immediately refer victims to advocacy groups, non-government organizations and law enforcement when the risk factors are present or victimization has been confirmed. • Consult with community partners and MDT members on the medical issues of human trafficking victims as subject matter experts. • Train and educate medical professionals about how to identify, counsel and report human trafficking. • Participate in case staffings when requested. • Collect, analyze and share data associated with referrals and/or contact with victims.
	<p><u>Children’s Center</u>: Is a Child Abuse Intervention Center and is a member of the HT MDT and the Child Abuse MDT. Their responsibilities are outlined in the Child Abuse MDT Protocols, 2018, which by this reference are incorporated/adopted into these protocols.</p> <ul style="list-style-type: none"> • Screen juveniles who may be at risk of and/or victims of human trafficking. • Make mandatory reports to DHS and law enforcement on identified or suspected victims or exploiters. • Immediately cross-report any case were a CSE victim is identified or suspected to law enforcement and victim advocacy groups/agencies. • Refer to victim advocates or non-governmental organizations when a victim or exploiter is identified or suspected. • The Center will conduct child abuse assessments to include medical examinations and forensic interviews when appropriate and/or as requested by HT MDT members.

	<ul style="list-style-type: none"> ● Follow referral process as outlined in these protocols. ● Consult with community partners and MDT members on the medical issues of human trafficking victims as subject matter experts. ● Collect, analyze and share data associated with referrals and/or contact with victims.
Behavioral Health	<ul style="list-style-type: none"> ● Screen juveniles and adults who may be at risk and/or victims of human trafficking. ● Make mandatory reports to DHS and law enforcement on identified or suspect victims or exploiters. ● Immediately Cross-report to law enforcement, victim advocacy groups and non-governmental organizations when a victim is identified or suspected. ● Review, assess and treat mental health needs. ● Provide feedback regarding treatment goals and progress, services provided, participation and recommendations. ● Consult with community partners and MDT members on the mental health issues of human trafficking victims as subject matter experts. ● Train and educate mental health professionals about how to identify, counsel and report human trafficking. ● Participate in outreach and training within the community when appropriate. ● Collect, analyze and share data associated with referrals and/or contact with victims. ● Attend the HT MDT meetings.
Schools/Educators	<ul style="list-style-type: none"> ● Developing protocols to screen and identify victims or at risk youth for human trafficking. ● Screen and identify victims of human trafficking. ● Immediately refer suspected or confirmed victims to law enforcement,

	<p>department of human services and advocacy groups/non-governmental organizations for investigation and services when risk factors are present.</p> <ul style="list-style-type: none"> • Notify law enforcement (School Resource officer) and the Clackamas County HT MDT Coordinator of youth who have missed ten or more consecutive days of school and staff as appropriate. • Make mandatory reports to DHS and law enforcement on identified or suspect victims or exploiters. • Train and educate teachers and counselors about how to identify, counsel and report human trafficking. • Attended regular HT MDT Meetings. • Collect, analyze and share data associated with the identification of victims or at risk youth, referrals and/or services provided.
<p>HT MDT Coordinator</p>	<ul style="list-style-type: none"> • Primary responsibility is to coordinate the needs of the HT MDT to include organizing the meetings, setting agendas, and recording minutes. • Coordinating communication between the HT MDT when a human trafficking case is identified and addressing the needs of victims. • Development and updating of the HT MDT protocols. • Create and formalize MOU's with partner organizations as appropriate. • Organize and attend human trafficking trainings and meetings. • Implement victim-centered and trauma informed techniques. • Develop clear protocols and procedure for victims' rights and protections. • Map available community resources. • Providing training and consultation. • Have knowledge of resources to serve HT MDT members, victims and law enforcement.

	<ul style="list-style-type: none"> • Develop training and public awareness materials. • Responsible for overseeing and implementing HT MDT projects. • Responsible for obtaining, organizing and presenting data associated with human trafficking in the county. • Identifying and maintain relationships with agency and community partners. • Conduct outreach and expand MDT membership. • Participate in human trafficking case staffings. • Maintain adherence to the MDT mission.
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IX. Identifying, Reporting, Investigating and Prosecuting Human Trafficking.

A. Mandatory Reporting.

Mandatory reporters are required to report abuse or neglect of minors when they have a reasonable suspicion that abuse or neglect has occurred. Sexual exploitation of minors is a form of sexual abuse and must be reported by mandated reporters.

B. Identifying and Reporting Human Trafficking.

In the context of Human Trafficking a victim is either identified by one of the HT MDT members or an allegation is made/reported by a member of the community. The following protocols outline the course of conduct and appropriate continuum of care for each scenario.

1. Reported Allegations of Human Trafficking.

When a reporting party makes an allegation it typically includes the following:

- Voluntary reporters (e.g., victim, family, friends, neighbors, others);
- Mandatory reporters, all employees of agencies including school, medical providers, law enforcement, clergy, psychologists, licensed day care providers.⁶ (See Appendix A: ORS 419B.010: Duty of Officials to Report). See Clackamas County MDT Child Abuse Protocol, Appendix C for additional protocols and legal requirements of mandatory reporters.

⁶ See Appendix D, ORS 419B.010: Duty of Officials to Report. Also See Appendix C, the Clackamas County Child Abuse Multi-Disciplinary Team Protocols.

- 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 the section below.
- The reporter shall not contact the child’s parents or guardian until the Department of Human Services Child Protective Services Division (DHS/CPS) or the respective law enforcement agency (LEA) makes the initial contact, or notifies the reporter otherwise.
- Allegations of child abuse must be made to DHS/CPS by calling the Child Abuse Hotline 1-855-503-SAFE (7233) or to an LEA. Each agency, DHS/CPS and law enforcement has an obligation to immediately notify the other regarding any report of child abuse within 24 hours. This is called cross-reporting.⁷

When a member of the HT MDT identifies and/or receives a report of human trafficking that member shall do the following:

- Each member of the Human Trafficking MDT shall report to the other members any information or evidence which they possess which make them believe that a person is being exploited either sexually or through other means. Such reporting includes when human trafficking risk factors are present and/or confirmed.

2. Screening for Human Trafficking.

The Human Trafficking MDT members will develop protocols and procedures to identify victims and/or cases of human trafficking consistent with the following.

- **Screening by the Department of Human Services.**

As outlined in OAR 413-015-0415, 413-080-0054, 413-080-0053, all caseworkers, including CPS workers, must determine if a child or young adult is a victim or is at risk of being a victim of sex trafficking when either information gathered, or observations made, indicate a child or young adult may be a victim of sex trafficking or when a child or young adult has been missing and is located. *See* Department of Human Services (DHS) procedure manual, Section 19: Identification of a sex trafficking victim.

- The terms “sex trafficking” pursuant to the DHS procedure manual means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person

⁷ See Appendix E, ORS 419B.015; DHS IB.2, OAR 413-020-0275 to 0285.

under the age of 18 for the purpose of a commercial sex act or the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person over the age of 18 using force, fraud, or coercion for the purpose of a commercial sex act. *See* Section 19(A)(1).

- The terms “at risk” encompass the risk factors included in this protocol which by this reference are incorporated into this section.

When indicators of sex trafficking are present or there are other behaviors that indicate to the caseworker that a child/young adult may be a sex trafficking victim, the caseworker shall complete the “Determination of Sex Trafficking Victim Status” form.⁸ The form is completed with information gathered or observations made to indicate a child or young adult may be a victim of sex trafficking or when a child or young adults has been missing and is located.

The DHS/CPS screener will collect the following data/information pursuant to the initial report:

- Contact collateral sources who can provide firsthand information necessary to evaluate possible safety threats 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.

If a determination has been made that a child or young adult is a victim of human trafficking or at risk of being a victim, the screener must also do the following:

1. Report any new reports of child abuse or neglect.
2. Identify appropriate services.

⁸ *See* Appendix F, the “Determination of Sex Trafficking Victim Status” form.

3. Document the child or young adult as a sex trafficking victim in the Department's Electronic Information System.
4. Determine if a referral will be assigned to the Child Protective Services (CPS) division and request an immediate response within 24 hours.
5. The screener/caseworker must immediately, within 24 hours, cross report to:
 1. Law enforcement,
 2. NCMEC, and
 3. The appropriate services to include the relevant MDT members to provide the necessary support for the victim.

See Section 19.

If a CPS worker is not assigned and the case is closed at screening, the screener will make an immediate referral, within 24 hours, to the MDT partners and necessary community resources outside DHS/CPS, such as Children's Center, Safety Compass, the advocates with the District Attorney's office, a Village for One, or Clackamas Women's Services (CWS).

The Department of Human Services will also collect data and track these cases and share the information with the HT MDT.

- **Screening by the Juvenile Department.**

All juvenile counselors must determine if a child or young adult is a victim or is at risk of being a victim of sex trafficking when either information gathered or observations made indicate a child or young adult may be a victim.

The process of identifying victims or youth who are at risk of sex trafficking will be completed through processing at the Juvenile Intake Assessment Center (JIAC) or through direct case assignment with a Juvenile Counselor.

Youth Processed through the Juvenile Intake and Assessment Center include:

1. Standard intake & medical questionnaire completed.⁹
2. Prior history reviewed to include asking all youth CSEC screening questions.
 - If the youth answers “yes” to two or more of the screening questions, a victim advocate is contacted with Safety Compass for consultation. Safety Compass will provide guidance about whether a victim advocate should come out to meet with the youth in person at the JIAC for further screening and confidential advocacy work.
 - When a CSEC victim or youth at high risk of sex trafficking have been identified, CSEC screening questions/responses are placed within the Juvenile Justice Information System (JJIS) data base’s CSEC Screening Tool for data tracking.

*** All CSEC Screening tools will be reviewed by the Disposition Team and a Supervisor to determine the services and/or intervention needed.**

All other Youth Not Processed Through the JIAC will be screened as follows:

Youth that receive a referral where a police report is submitted directly to the Juvenile Department without the youth being processed through JIAC will be screened via the assigned worker (Juvenile Counselor 1 or Juvenile Counselor 2). Safety Compass Advocates will be contacted and when a CSEC victim or a youth at high risk of sex trafficking has been identified the JJIS CSEC Determination of Sex Trafficking Victim Status Assessment will be completed.

If a youth has been placed in a Short Term Residential Program and runs away, JJIS CSEC Determination of Sex Trafficking Victim Status Assessment **MUST** be completed within 24 hours of youth being located.¹⁰

If it is determined that any youth is being exploited, at risk of being exploited, or has a history of exploitation then confidential advocates and DHS Hotline will be notified immediately and any required follow-up completed.

⁹ See Appendix G, The Juvenile Department Standard Intake and Medical Questionnaire form.

¹⁰ See Appendix H, The JJIS CSEC Title IV Screening Tool.

The Clackamas County Juvenile Department will also collaborate and share the information with the HT MDT within the guidelines of state statutes and department policies and procedures.

- **Screening by District Attorney's Office.**

When completing their casework, the following members of the District Attorney's office will complete the process as outlined below:

6. Deputy District Attorneys (DDA);
7. Victim Advocates; and
8. District Attorney Investigators.

These parties will determine whether a juvenile or adult is a victim or at risk of being a victim of human trafficking. The indicators for such an assessment are outlined in the "risk factors" defined in these protocols.

When the DDAs, victim advocates or investigators identify a victim or potential victim of human trafficking they will do the following:

1. The case shall be given a unique code to distinguish them from other cases and given a human trafficking designation in the case management system.
2. Contact the deputy district attorneys in the office who specialize in human trafficking cases.
3. Immediately report the case to law enforcement, the Department of Human Services, the victim advocates, and the appropriate MDT members to provide the necessary services and response.

All case shall be referred to a victim advocate and/or MDT partner(s), regardless of the outcome of the screening and any subsequent prosecution decision, to provide the necessary support and services to a victim. The advocate(s) shall attempt to contact the victim and provide information about the prosecution and resources available to them to include non-governmental agencies such as Safety Compass and a Village for One who provide specialized services to victims of human trafficking.

The District Attorney's office will also collect data and track these cases and share the information with the HT MDT.

- **Screening by Law Enforcement.**

While performing their normal course of duties, law enforcement shall identify whether a juvenile or adult is a victim or at risk of being a victim of human trafficking. This includes law personnel assigned to the Clackamas County jail and Clackamas County Corrections. In addition, they will identify any individuals who they have reason to believe may be a trafficker. The indicators for such an assessment are outlined in the “Signs of Human Trafficking/Risk Factors” section of these protocols in addition to the relevant definitions.

The Law Enforcement agencies shall review all DHS Child Abuse Cross Reports to identify cases in which a child may be the victim of human trafficking.

When a victim is identified, Law Enforcement from the Clackamas County Sheriff’s office will refer that person and/or any relevant information to the Family Justice Center (A Safe Place). Other law enforcement should make such a referral when appropriate.

In any situation where law enforcement identified a victim of human trafficking they must notify the appropriate MDT members within 24 hours to connect them with the necessary services and support.

While performing their normal course of duties, law enforcement shall identify whether a person is a trafficker as defined in these protocols. When such a person is identified, they will contact the District Attorney’s office and begin an investigation when appropriate.

The reports associated with any identification of a victim, trafficker or suspicion of such activity must be flagged for Human Trafficking.

Law enforcement will also collect data and track these cases and the information with the HT MDT.

- **Screening by Clackamas County Corrections/Probation.**

While performing their normal course of duties, Clackamas County Corrections and Probation officers shall identify whether a probationer is a victim or at risk of being a victim of human trafficking. The indicators for such an assessment are outlined in the “risk factors” defined in these protocols.

In any situation where a probation officer has identified a victim of human trafficking they must notify the appropriate MDT members to include law enforcement within 24 hours via phone and in writing to connect them with the necessary services and support.

While performing their normal course of duties, Clackamas County corrections and probation officers shall identify whether a probationer is a trafficker as defined in these protocols and must notify law enforcement within 24 hours via phone and in writing.

In any situation where a probation officer has identified a trafficker they will collect evidence in the normal course of their duties, document such information and findings internally and then cross-report to local law enforcement agency(ies) for a criminal investigation.

The Clackamas County Corrections/Probation will also collect data and track these cases and share the information with the HT MDT.

- **Screening by Medical Providers.**

The medical providers will triage patients according to triage guidelines.

Screen the patient for indicators confirming they are a victim of human trafficking or at risk of being a victim pursuant to the indicators outlined in the “risk factors” section of these protocols. After identifying such an individual, the reports associated with their treatment will be flagged/identified as human trafficking.

Once a person is identified as confirmed or at risk for human trafficking, the medical provider/personnel will immediately notify law enforcement and advocacy groups through a phone call and in writing if they are legally allowed to do so or if the patient desires law enforcement or advocates to be present.

Disclosure of information related to human trafficking of a child to law enforcement and/or the Department of Human Services is mandated by law. Patient confidentiality is not a reason to withhold knowledge of alleged child abuse.

The medical providers will also collect data and track these cases and share the information with the HT MDT.

- **Screening by School Reporting Requirements and Records**

Each school district must develop policies and procedures as legally permissible for the screening and reporting of human trafficking and subsequent investigation on school premises. Such protocols must include screening students when they are identified or suspect to be a victim or trafficker as defined in these protocols.

Upon identification of a victim or trafficker, the school shall immediately notify law enforcement and other MDT members by phone and in writing as legally permissible. If identified the reports associated with the screening process shall be flagged/identified as human trafficking.

Disclosure of information related to human trafficking of a child to law enforcement and/or the Department of Human Services is mandated by law. Confidentiality of student records is not a reason to withhold knowledge of alleged child abuse.

The school district will also collect data and track these cases and share the information with the HT MDT.

C. Human Trafficking Investigations/Placement.

1. Department of Human Services Investigations/Placement.

- a. Shall receive and assess all reports of suspected human trafficking.
- b. When practical, DHS/CPS and LEA should investigate the allegations together. This will satisfy both agencies' requirements while avoiding duplication of interviews.
- c. The child protective service worker will coordinate its response efforts and investigations, when appropriate.
- d. The caseworker will confirm that a child was a victim of human trafficking or at risk for such exploitation.
- e. The caseworker will determine child safety and make appropriate safe planning as needed/required by statute. This includes but is not limited to referrals to community partners.
- f. Given that the human trafficking of minors is child abuse, the CPS caseworker should follow the investigative guidelines and procedures as outlined in the Clackamas County Child Abuse Multidisciplinary Team protocols when appropriate. In trafficking cases, however, the typical child abuse dynamic does not exist given that a child is not disclosing but instead discovered or identified and usually uncooperative. The victimology of a human trafficking victim is dramatically different than a young child who is abused. In this context, the principles and guidelines as outlined in the Child Abuse MDT Protocols may not apply and it is recommended in those situations that caseworkers seek medical attention and rely on the services of the HT MDT partners to address the special needs of these victims. In some cases the Child

Abuse MDT protocols may not apply and may not be adhered to. A caseworker should therefore use their best judgment and rely on best practices as outlined in these protocols in responding to such a situation. If the caseworker nonetheless feels that the Child Abuse MDT protocols are applicable, they should refer specifically to the following sections:

- Investigating Child Abuse Allegations section.¹¹
- The Protective Custody section.¹²
- The DHS/CPS Assessment/Case Management section.¹³

With the reference to these Child Abuse MDT guidelines and procedures they are hereby incorporated into these protocols.

2. Juvenile Department Investigations/Placement.

a. The juvenile department shall do the following:

- Receive and assess all reports of suspected human trafficking.
- Notify law enforcement.
- Notify confidential advocate.
- Make mandatory report to DHS Hotline.
- Meet with youth and family/guardian.
- Assist with meeting youth's immediate and long term needs to include clothing, shelter, medical, counseling, etc.
- Assist with safety planning for youth.
- Coordinate with all involved partners.

¹¹ See Appendix C, The Clackamas County Child Abuse Multi-Disciplinary Team Protocols, Section IV, section B, pgs, 10 – 12.

¹² See Appendix C, The Clackamas County Child Abuse Multi-Disciplinary Team Protocols, Section IV, section C, pg, 12.

¹³ See Appendix C, The Clackamas County Child Abuse Multi-Disciplinary Team Protocols, Section IV, section D, pgs, 13 - 17.

- Staff cases monthly at CSEC Case Staffings.

3. Law Enforcement Investigations.

a. Law Enforcement Investigations will include the following:

- Shall receive and assess all reports of suspect human trafficking. The agency will then:
 1. Notify the appropriate law enforcement agency;
 2. Flag the report(s) as human trafficking;
 3. Refer the victim to the necessary services regardless of whether a criminal investigation is opened; and
 4. Make a mandatory report to DHS hotline when appropriate.
- When a criminal investigation is appropriate, law enforcement will dispatch a patrol officer and/or detective depending upon the jurisdiction where the event occurred. Law enforcement will:
 1. Make every attempt to work collaboratively with other MDT partners to ensure the victim receives the necessary support and services and to ensure a victim centered investigation occurs.
 2. Meet with the victim and family/guardian with a victim advocate(s) present.
 3. If appropriate, relay the information to a sergeant on duty.
 4. A determination will be made as to whether a detective call-out is necessary, or if the case will be investigated at the patrol level or referred to a detective on the next regularly scheduled business day.
 5. A lead investigator should be assigned as soon as possible and all investigative findings and actions should be reported to the lead investigator as soon as possible.

6. Law Enforcement will make every attempt to facilitate a medical evaluation for the victim; this evaluation will be to assist the victim with any medical needs and gather suspected evidence.
 7. Law Enforcement may refer suspected victims to a Safe Place for additional services.
 8. Law Enforcement will contact the District Attorney's office immediately upon identification of a victim and potential prosecution to coordinate the investigation and prosecution of the case so the Deputy District Attorney can provide the necessary support and legal advice.
 9. Law Enforcement investigations should be conducted in a manner set forth by the policies and procedures of their prospective agency and these protocols.
- In the event that a criminal investigation is not opened by law enforcement the agency will nonetheless write an information report to include the following:
 1. Document the allegations in detail.
 2. Collect victim information to include background info.
 3. Collect witness information.
 4. The report will be flagged/characterized as human trafficking.

The information report then needs to be cross-reported to necessary MDT members to provide the appropriate services and support.

- b. Victim advocates, Non-governmental agencies and other service providers may act as a liaison for the victim to connect with law enforcement as appropriate it.
- c. In regards to a juvenile victim, law enforcement will determine whether to take a child into protective custody in accordance with

the guidelines and procedures as outlined in the Clackamas County Child Abuse MDT protocols.¹⁴

- d. When law enforcement is investigating a human trafficking case involving a minor they will consider such conduct child abuse and therefore, abide by the investigative guidelines as outlined in the Clackamas County MDT protocols unless otherwise in conflict with these protocols and when appropriate.
- e. When law enforcement is investigating a human sex trafficking case involving an adult they will recognize that such conduct typically involves a sexual assault and will abide by the investigative guidelines as outlined in the Sexual Assault Response Team (SART) protocols unless otherwise in conflict with these protocols and when appropriate.

4. Probation/Corrections Investigations.

- a. Clackamas County Corrections/Probations Investigations will include the following:
 - Shall identify any and all cases of human trafficking as previously outlined in these protocols. The agency will then:
 1. Collect important background information to include but not limited to:
 - Contact information to include phone numbers and social media sites.
 - Residence(s) in which the person resides.
 - Known associates and family members.
 - Employment information.
 2. Shall conduct home visits when appropriate.
 3. Shall conduct search and seizures of items to include cell phones when such actions are statutorily and constitutionally permissible.
 4. Notify the appropriate law enforcement agency.

¹⁴ See Appendix C, The Clackamas County Child Abuse Multi-Disciplinary Team Protocols.

5. Flag the report(s) as human trafficking.
6. Refer a victim to the necessary services regardless of whether a criminal investigation is opened.
7. Make a mandatory report to DHS hotline when appropriate.

5. Medical Service Provider Investigations.

The medical service providers shall screen identify, receive and assess all reports of suspected human trafficking and/or sexual assault. These medical providers will accept referrals from community partners, parents, medical providers, mental health providers, and other agencies.

In regards to an adult victim, the medical provider shall conduct the appropriate measures as outlined and defined in the Clackamas County Sexual Response Team (SART) protocols.¹⁵

Given that the human trafficking of minors is child abuse, the medical evaluator should follow the investigative guidelines and procedures as outlined in the Clackamas County Child Abuse Multidisciplinary Team protocols¹⁶ when appropriate. In trafficking cases, however, the typical child abuse dynamic does not exist given that a child is not disclosing but instead discovered or identified and usually uncooperative. As mentioned previously, the victimology of a human trafficking victim is dramatically different than a young child who is abused. In this context, the principles and guidelines as outlined in the Child Abuse MDT Protocols may not apply and it is recommended in those situations that caseworkers seek medical attention and rely on the services of the HT MDT partners to address the special needs of these victims. In the majority of cases the Child Abuse MDT protocols will not apply and should not be adhered to. A caseworker should therefore use their best judgment and rely on best practices as outlined in these protocols in responding to such a situation. If the caseworker nonetheless feels that the Child Abuse MDT protocols are applicable, they should refer specifically to the following sections:

In regards to child victims, the Children's Center is the Designated Medical Provider (DMP) for Clackamas County and offers evaluations to children and teenagers who may have been the victim of any type of maltreatment, which includes sexual abuse, assault or exploitation. The services provided by the Children's Center are outlined in the relevant section of these protocols.

¹⁵ See Appendix I, The Clackamas County Sexual Assault Response Team Protocols, the "Hospital-Based Medical Facilities" section, pgs. 4-5.

¹⁶ See Appendix C, The Clackamas County Child Abuse Multi-Disciplinary Team Protocols, Section IV, section D, pgs, 17 - 21.

D. Human Trafficking Prosecutions.

1. Criminal Prosecution.

a. Adult Offender Procedures.

- Pre-Charge Investigation.
 1. Investigators are encouraged to consult with the Deputy District Attorney regarding any legal issues that arise during or form the investigation and to coordinate prosecution.

- Initiation of Legal Proceedings by the Deputy District Attorney (DDA):
 1. The DDA has discretion and responsibility for initiating legal proceedings.
 2. The DDA when initiating such legal proceedings is encouraged to begin a grand jury investigation, immediately, to allow the case to proceed quickly to assist in the cooperation and safety of the victim(s).
 3. 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, victim, witnesses, attorneys, victim advocate, DHS/CW, youth counselor, family, friends, as necessary.
 - Investigating officers may resubmit cases to the DDA with the additional information that will assist in the prosecution.
 4. Procedures when prosecution is declined.

- The DDA sends a written notice to the police agency and DHS/CW.
 - 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 reevaluation depending on new information received in the investigation.
- Pre-Trial/Plea Negotiations.
 1. Before entering into plea negotiations with a human trafficking defendant, the Deputy District Attorney should consult with the victim. The victim's opinions should be given significant weight in developing the terms of the negotiations. In addition, the Deputy District Attorney should also consult with the law enforcement officers who investigated the case. The first priority in every human trafficking case, however, is to ensure the safety of the victim and the public in addition to holding offenders accountable.
 2. In all human trafficking cases, special conditions should be considered. Potential conditions include:
 - Supervised probation to the Department of Corrections including all general conditions of supervision.
 - No contact with the victim.
 - No contact or association with any person involved in prostitution, sex or labor trafficking.
 - No possession of any sex or labor trafficking related paraphernalia.
 - No drugs or alcohol when appropriate.
 - Attend and successfully complete a Sex Buyers Accountability and Diversion Class when appropriate.

- Consent to a search of person, vehicle, property and premises under your control upon request of a peace officer if the peace officer has reasonable grounds to believe that evidence of a probation violation will be found.
- Not to access or post advertisements on any webpage routinely used for the advertisement of prostitution, escort services, or labor trafficking.
- Restitution to appropriate parties.
- Compensatory fine for counseling fees for the victim when appropriate.
- Any mitigation evidence provided by the defendant.

3. Ballot Measure 11 Cases:

- All ballot measure eleven cases should be presented by the assigned Deputy District Attorney for peer review. This review should also include the team leader and the Chief Deputy. The case review examines the strength of the case, the victim's concerns and opinions, any mitigating factors, and any aggravating factors.
- All plea offers for Ballot Measure 11 cases must be approved by the team leader and Chief Deputy.

- Trial.

1. The DDA must decide whether or not to proceed to trial and makes all the decisions during the course of the trial.
2. Both DDA and the victim advocate are available to support the victim during the course of the trial.
3. The defendant has the right to elect to have the case decided either by a jury or a judge.
4. 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.

5. 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.

b. Child Offender Protocols.

The District Attorney's office has a policy not to charge juvenile sex trafficking victims with prostitution or related offenses unless the circumstances are extenuated and absolutely require that such a charge(s) be filed.

2. Prostitution Community Court Diversion Program.

The District Attorney's office recognizes that individuals who are payees/sellers that are engaged in the act of prostitution, although criminalized under ORS 167.007, may also be victims of sex trafficking and the sex trade regardless of whether they have reached the point of being able to self-identify as such. Given that these victims may not always be ready to fully engage with services and address their trauma immediately after the arrest, these payees/sellers of sexual services will be offered the Prostitution Community Court Diversion Program. This program takes place under the umbrella of the traditional Community Court program.

The Prostitution Community Court Diversion Program's goal is to provide services and resources for individuals to access when they are ready and able to get out of the life of commercial sexual exploitation.

The Diversion Program requires participants to complete community service hours, as well as a list of social services conditions, unique to their individual needs. In addition to the general social services conditions, they will be required to complete conditions specific to sex trafficking. Examples of sex trafficking conditions that may be imposed are:

- Complete evaluation and treatment as recommended by a non-governmental organization that specializes in providing services to human trafficking survivors.
- An ordering prohibiting any contact with known prostitute, pimps, or those otherwise engaged in prostitution/human trafficking.
- Do not access or post advertisements on any webpage routinely used for the advertisement of prostitution or escort services.
- Sit down with law enforcement to undergo a general debriefing about prostitution, human trafficking and the lifestyle.

E. Human Trafficking Services and Referral Protocols: Continuum of Services.

1. The Continuum of Services Model Protocol.

The Clackamas County HT MDT with the guidance of the Statewide Advisory Committee for Human trafficking has developed a comprehensive and extensive continuum of services model that provides an overview of services for victims of human trafficking. The Clackamas County HT MDT adopts this model.¹⁷

2. Specific Service Protocols.

a. Department of Human Services.

The Department of Human Services (DHS) will meet the needs of a child who is identified as a victim or at risk of being a victim of human trafficking. The DHS model of services/care is outlined in their specific continuum of services flow chart attached to these protocols which by this reference are incorporated herein.¹⁸

The DHS, however, has the following limitations when providing care our assistance to victims of human trafficking:

- Protocols/Procedure can differ from County to County.
- Only the Child Abuse Hotline can assign reports of Child Abuse/CSEC.
- Cannot restrain/arrest a child.
- Cannot prosecute/arrest suspects.
- Cannot enter a residential home without consent. Unless exigent circumstances are substantiated and only with the assistance of LEA and/or with a court order to enter.
- A child can only be remove from a parent/caregiver if the child is determined to be unsafe and/or court ordered to do so.
- Caseworkers are not medical providers and cannot provide medical assistance/expertise.
- Caseworkers cannot provide legal advice.

¹⁷ See Appendix J, The Department of Justice's Statewide continuum of services model.

¹⁸ See Appendix K, The Department of Human Services continuum of services flow chart.

b. Juvenile Department.

The juvenile department will meet with youth and family/guardian. The counselors will assist with meeting the youth's immediate and long term needs to include clothing, shelter, medical, counseling, etc. In addition the counselors will assist with safety planning and coordinate with all involved partners.

c. Non-Governmental Organizations.

The Clackamas County HT MDT recognizes the importance of non-governmental organizations in providing services and care for victims of human trafficking. Accordingly, the HT MDT steering committee will review and approve as members of the HT MDT those organizations who will officially become members of the team but other non-members are encouraged to attend and engage with such efforts in the county.

The following non-governmental organizations have been approved as team members and have therefore agreed to provide the following services within our county.

- **Safety Compass.**

Safety Compass is a 24/7 confidential community-based advocacy non-profit organization for human/sex trafficking survivors (up to the age of twenty-five). The organizations primary function is to provide on-scene triage response for law enforcement and other agencies to include the Department of Human Services and the Juvenile Department. Their specific model of services/care are outlined in their continuum of services flow chart attached to these protocols which by this reference is incorporated herein.¹⁹

- **A Village For One.**

A Village for One provides both community and office based mental health services to youth, twenty-five and under, who have faced sexual exploitation or assess as being high risk for this level of abuse. A Village For One's specific model of services/care are outlined in their specific continuum of services flow chart attached to these protocols which by this reference is incorporated herein.²⁰

¹⁹ See Appendix L, Safety Compass' continuum of services flow chart.

²⁰ See Appendix M, A Village for One's continuum of services flow chart.

d. Medical Service Providers.

● **Adult Medical Providers.**

The adult medical providers include hospital-based medical facilities. The HT MDT protocols adopt the guidelines in the Clackamas County Sexual Team (SART) Protocols. Such provisions are specifically incorporated below:

Hospital Staff is responsible for the following:

- Triage patient according to triage guidelines.
- Notify appropriate jurisdictional law enforcement agency if not already involved and victim advocates to provide support and services regardless of whether a victim is reporting or non-reporting.
- If patient is under the age of 18, Oregon's mandatory reporting statutes apply.
- Move patient to private room as soon as possible and notify Charge R.N. of sexual assault/human trafficking patient in department.
- Ensure the patient receives appropriate medical treatment according to hospital protocol, regardless of whether patient makes report to law enforcement.
- M.D. to perform medical examination.
- Charge R.N. to activate on-call SANE (Sexual Assault Nurse Examiner) to perform SAFE exam.
- Per hospital protocol, collaborate with SANE to offer patient pregnancy and STI/STD prophylaxis and emergency contraception.
- Discharge patient with hospital-approved discharge instructions that will include: medical instructions and information to follow up for further STI/STD screening and/or pregnancy tests.
- Ensure arrangements for transportation have been addressed prior to the victim being discharged from hospital.

- The SANE Nurse will conduct their examinations/investigations in accordance with the SART Protocol²¹ to include the following:
 - Coordinate with dispatch to have a victim advocate respond if the advocate is not already at the hospital, regardless of whether the victim is reporting or non-reporting.
 - Coordinate with law enforcement response with dispatch, if patient wishes to make a report and law enforcement has not previously been called.
 - For anonymous reporting cases, contact the appropriate law enforcement agency to request a case number. *Refer to Non-Reporting Safe Kit Collection Site Guidelines for Further Instruction.*
 - Law Enforcement from the hospital's jurisdiction will respond to all anonymously reported cases and issue a case number. The case number will be used as the unique tracking number. Anonymous SAFE kits will be collected by that same responding agency and secured in the appropriate evidence locker at the agency facility, and insure that chain of custody is maintained.
 - Conduct sexual assault forensic examination or wellness exam per medical protocols and patient consent.
 - SANE to preserve evidence of chain of custody per Oregon State Police Physical Evidence Manual.
 - Liaison with medical staff to recommend STI prophylaxis, emergency contraception, and HIV nPEP as appropriate.
 - Provide patient discharge instructions specific to sexual assault:
 - Area crisis numbers;

²¹ See Appendix I, Sexual Assault Response Team (SART) Protocols.

- Additional community resources, as applicable; and
- Follow-up instructions related to STI testing and treatment.
- Ensure arrangements for transportation have been addressed prior to the victim being discharged from the hospital.
- **Juvenile Medical Providers:**

The Children's Center is the Designated Medical Provider (DMP) for Clackamas County. Their specific model of services/care are outlined their specific continuum of services flow chart attached to this protocols and by this reference are incorporated herein.²²

- a. Scope of Service: The Children's Center offers evaluations to children and teenagers who may have been the victims of any type of maltreatment, which includes sexual abuse, assault, or exploitation. The Center also sees children and teenagers for physical abuse, neglect, which many CSEC victims will have suffered. Also included are assessments for either witnessing or physically experiencing violence. Children's Center provides comprehensive medical exams including SAFE kits and STI testing when indicated. The Center provides developmentally appropriate and child/teen-centered forensic interviews. The Center also provides or refers for mental health and crisis intervention for patients and their families.
- b. Referral: Children's Center accepts referrals from community partners, parents, medical providers, mental health providers, and other agencies. During business hours, Children's Center offers appointments for evaluations (medical examinations and forensic interviews) for children/adolescents who have been sexually abused, assaulted, or exploited: in addition to other child maltreatment concerns. Medical provider at the Center are

²² See Appendix N, The Children's Center continuum of services flow chart.

available 24/7 to offer phone consultation triage by calling 503-655-7725.

c. Information and services provided:

- Review risk factors and safety needs of victim.
- Sexual abuse/assault exams.
- Review of medical history, medication needs.
- Testing for sexually transmitted infections and pregnancy.
- Trained forensic interviewers provide a neutral setting to interview children/teens regarding maltreatment which is recorded and can be observed by Department of Human Services and Law Enforcement.
- Trained medical personnel experienced in assessing maltreatment and performing acute sexual assault forensic exams (SAFE)
- Provide or refer victims to resources such as mental health providers
- Follow-up contact by family support specialist
- Crisis intervention for families
- Assessment for other types of child/adolescent maltreatment

e. District Attorney Victim Advocates.

The Clackamas County District Attorney's Victim Assistance Program provides services to all victims of crime in Clackamas County.

As a member of the Human Trafficking MDT, CCDA Victim Assistance provides focused advocacy to identified or suspected victims of trafficking regardless of the age of the victim. The role of Victim Assistance includes:

- Provide advocacy services and support to victims of trafficking in Clackamas County regardless of the prosecutorial merit.
 - Respond with law enforcement and other agencies to provide immediate advocacy and support to identified or suspected victims of human trafficking.
 - Advocate dispatched through 24 hour Victim Assistance phone number.
 - Collaborate with community based Advocates when responding at the request of law enforcement or other agencies.
 - Advocates comply with mandatory reporting laws.
 - Participate in law enforcement missions in collaboration with community based Advocates to provide immediate advocacy and support for suspected victims of trafficking.
 - Provide on-going advocacy and support to identified or suspected victims of trafficking.
 - Initial and on-going safety planning.
 - Assist trafficking victims in accessing Crime Victim's Compensation and other appropriate resources necessary to meet their needs.
 - Provide victims information to assist in understanding the process of a law enforcement investigation and the criminal justice system.
 - Assistance understanding and accessing victim rights.
 - Coordination of services with other agencies as appropriate.
 - Accompaniment to court hearings and other related hearings.

The Clackamas County District Attorney Victim Advocates' specific model of services/care are outlined in their specific continuum of services flow chart attached to these protocols which by this reference is incorporated herein.

X. The Human Trafficking of Adults and Children in the context of the Clackamas County Child Abuse Multi-Disciplinary Team and the Sexual Assault Response Team (SART).

The HT MDT recognizes that the sexual and labor exploitation of a minor is child sexual abuse and the same exploitation of adults may involve a sexual assault. In human trafficking cases, however, the child abuse and sexual assault dynamics are unique. In the trafficking context, the exploitation is typically not disclosed but discovered/identified and their victimology is dramatically different. Given the circumstances, the HT MDT has determined that the Clackamas County Child Abuse Multi-Disciplinary Team (MDT) and the Sexual Assault Response Team (SART) protocols don't apply to these cases and therefore recommends that HT MDT members seek medical care for the victims and rely on the services of its partners and these protocols to address the special needs of these individuals. The HT MDT members are encouraged to use their best judgment and when appropriate if they feel the protocols of the Clackamas County Child Abuse Mutli-Disciplinary Team and the Sexual Assault Response Team (SART) are appropriate and do not conflict with these protocols the members are encouraged to use them.²³

XI. Case Review Protocols.

A. Purpose

1. To address 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 HT MDT.
2. To provide a formal process for exchange of information among team members and agencies.
3. To increase interagency collaboration, maximize efforts of all team members, and build cooperation among participating agencies.
4. To encourage accountability among team members and agencies.
5. To promote team sharing of knowledge, experience and expertise.
6. To ensure the needs of children are met sensitively, effectively and in a timely manner.
7. To support professionals in carrying out their mandates and fulfilling their roles.

²³ See Appendix J, The Clackamas County Child Abuse Multi-Disciplinary Team Protocols, and See Appendix R, Sexual Assault Response Team (SART) Protocols.

B. HT MDT Case Review Team

Any member of the HT MDT may attend a case review. Designated attendees include: law enforcement, mental health, medical, child advocacy center, prosecution, DHS, the Juvenile Department, and victim's assistance.

C. Confidentiality

1. HT MDT members must maintain confidentiality of the cases presented for case reviews once outside of the HT MDT Case Review meeting.
2. 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.
3. Confidential materials will be turned in to the HT MDT Coordinator at the conclusion of the meeting.

D. Case Selection

1. Examples include:
 - a. Cases involving multiple agencies.
 - b. Active or resolved cases.
 - c. Declined cases.
 - d. Multiple victim cases.
 - e. Complex cases.
 - f. High profile cases.
 - g. Cases that highlight a gap in the system.
 - h. Cases that highlight a learning opportunity.
 - i. Cases that illustrate a success, strength of HT MDT.

E. Frequency of Case Reviews

1. HT MDT Case Review will meet at the direction of the HT MDT Steering Committee.

2. 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

1. Any HT MDT member may choose a case to present.
2. The HT MDT member who selects a case for review will contact the MDT Coordinator at least one week prior to meeting and provide the following information: Name of Victim/Trafficker and Date of Birth, the Department of Human Services Caseworker (if assigned), Law Enforcement (if assigned), Prosecutor (if assigned), and other relevant parties with important information about the case.
3. The HT MDT Coordinator will create and send agenda to the HT MDT Case Review members.
4. It is the responsibility of the HT MDT member who selected the case for review to notify all known agencies involved in the case prior to the meeting.

G. Facilitation, Documentation & Follow-up.

1. Facilitation of meeting is shared between the HT MDT members.
2. Minutes of all Case Reviews, including issued identified, conclusions and recommendations will be recorded by HT MDT Coordinator.
3. If recommendations are made, the HT MDT Coordinator will document to ensure that follow-up and recommendations are completed and this follow-up will be added to monthly agenda.
4. Minutes are distributed to the HT MDT Case Review Team.

H. Sensitive Case Review Protocols.

1. Criteria.

The following shall be considered sensitive cases:

- a. Cases involving public officials, public employees or persons involved in child abuse/advocacy work
- b. Highly publicized cases.
- c. Cases where a non-offending parent expresses concern regarding the handling of a case.

- d. Cases where a member of the public expresses concern regarding the handling of a case.
- e. Any case that has been reported to an MDT Member may be subject to review.

2. 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 HT MDT meeting who were not directly involved in that particular case.
- c. If the victim or guardian of a 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 HT MDT.
- d. The HT MDT Coordinator will notify those relevant persons who coordinated the 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 will be shared for the purpose of recommending improvements and corrections in services and procedures.

APPENDIX A

Historical Timeline produced by the 2015 Clackamas County Working Group.

SEX TRAFFICKING, CLACKAMAS COUNTY

1980s & 1990s—Prostitution: Victims and Pimps. The majority of prostitution involved local victims who would prostitute on the streets. It was out in the open. It was difficult and risky. Law enforcement (primarily Portland) would do vice missions and undercover stings. There was not a lot of this activity in Clackamas County.

1996: Negative Affect of the Internet on Child Pornography: Federal Government stats skyrocketed with peer-to-peer software. An increase of 5,000% from 2007 – 2013.

2013: Study by Portland State University, *The Commercial Sexual Exploitation of Children, A Hidden Epidemic*, June 1, 2013.

2007: Oregon Trafficking Laws (Senate Bill 578 (2007), 74th Oregon Legislative Assembly – 2007, Regular Session. Laws were enumerated in section 163 or the Oregon Criminal Code to include ORS 163.266 (trafficking in persons)

2010: Study by the International Human Rights Clinic at Willamette University College of Law, June, 2010: *Modern Slavery in Our Midst, A Human Rights Report on Ending Human Trafficking in Oregon.*

Early 2015: Oregon DOJ hires a CSEC Coordinator to develop regional and county response to HT – Develop HT Task Forces (Deschutes, Lane County, Clackamas, Multnomah, and Washington)

2007: Apple introduced the I-Phone.

1990s: Development of the Internet – Public Accessibility, PDAs and Cell Phones.

2008 - 2009: Portland Police Bureau (PPB) and the Multnomah County District Attorney's Office developed a Human Trafficking Task Force.

2011: Clackamas County CSEC Coalition (DHS, CWS, Det. CCSO, DA VA Advocate, School/Community Members).

April of 2015: Clackamas County District Attorney's Office evaluates the counties identification, response, and investigation of sex trafficking cases in the county.

2000: The Victims of Trafficking and Violence Protection Act of 2000 (22 USC 7101 note, Public Law 106-386, 114 Stat. 1464 -1548, October 28, 2000)

Between 2009 – 2012: Reports increased 174%. Cases issued increased 221%. Total amount of Prison time increased 221%.

Clackamas has the Characteristics:

- Location (Major Highways);
- Sex Establishments;
- Runaways; and
- Clientele

Why?: New Business Model – The Internet.

- Easy Marketing/Posting (“Click of a Button”). Mass Advertising.
- Traffickers/Pimps/Clientele are able to connect on internet forums to share their interests, desires and experiences, in addition to trading and selling images. Desensitizing the sex trade
- More Anonymity.
- Meet Anywhere (Home, Hotels, etc).
- Expand Clientele with Anonymity.
- More profitable at less risk.
- Reusable Resource: Keep marketing the same girl(s).

April – October 2015: Activity in Clackamas:

- **Probation:** 50 people identified who were involved in trafficking in 1 month.
- **Jail:** A few weeks in May of 2015, 7 males involved in trafficking and 5 female victims incarcerated and identified 12 potential traffickers and 21 potential victims who fit the profile. Between January and October 2015, there were roughly 17 known traffickers and 25 known victims who had been booked at the Clackamas Co. jail.
- **Runaways:** In 2014, 319 children were reported missing which include 129 girls the Sheriff's Office (not other agencies).
- During the DA's office assessment of the problem between April to October of 2015, cases were identified in Lake Oswego, Happy Valley/Clackamas, Milwaukie, and Wilsonville.

APPENDIX B

The Human Trafficking MDT Statewide certification and signed partnership agreement



DEPARTMENT OF JUSTICE
Trafficking Intervention Advisory Committee
Certification Application

Application instructions & information:

1. After you have completed this application, save a copy for yourself and return a copy to the advisory committee via email at combatingtrafficking@doj.state.or.us or via fax at (503) 378-5738, ATTN: Trafficking Intervention Advisory Committee.
2. Advisory Committee members will review application for approval at the next committee meeting. The committee meets on a bi-monthly basis and may elect to ask for additional information.
3. Applicants will be contacted by the chair of the Advisory Committee and will be sent a letter of endorsement upon approval.

APPLICANT INFORMATION

Name of Task Force Clackamas County Sex Trafficking MDT Date 12/26/17
Task Force Jurisdiction Clackamas County
Task Force Chair Steering Committee. See Attachment.
Phone Jana Wiseman: (503) 655-8615 E-mail janeho@clackamas.us
Task Force Co-Chair Steering Committee. See Attachment
Phone Rusty Amos: (503) 655-8470 E-mail ruasellamo@co.clackamas.or.us

Requirements for certification:

- **Trauma Informed**-understanding the physical, social, and emotional impact of trauma on the individual, as well as on the professionals who help them. This includes victim-centered practices. It incorporates three elements 1. Realizing the prevalence of trauma. 2. Recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce. 3. Responding by putting this knowledge into practice. (OVC Task Force E-guide)
- **Victim Centered**-The victim's wishes, safety, and well-being take priority in all matters and procedures. The victim-centered approach plays a critical role in supporting victims' rights, dignity, autonomy, and self-determination, regardless of whether they chose to report or cooperate with law enforcement. For victims who do choose to work with law enforcement, employing a victim-centered approach to criminal investigations is fundamental to a successful criminal case. (OVC Task Force E-guide)
- **Multidisciplinary**- Service provider and law enforcement partnerships are crucial to the provision of a comprehensive and victim-centered response to human trafficking. A comprehensive effort should include organizations with expertise in reaching targeted populations in culturally sensitive and linguistically correct ways, as well as those with expertise in trauma, emotional bonding, climate of fear, and other circumstances. (OVC Task Force E-guide)

Please provide thorough responses to ensure the advisory committee is able to make an informed decision regarding your application. (Additional pages maybe added)

1. Please provide an organizational chart of how your task force is set up along with a roster of members and the agencies they represent.

See Attachment.

2. List 3 goals your task force is currently focusing on.

See Attachment.

3. How will your task force assure that your community(s) will respond to trafficking from a victim centered approach?

See Attachment.

4. How will your task force make sure your members are making decisions from a trauma informed approach?

See Attachment

5. With certification from the Advisory Committee we ask that you send a copy of your meeting minutes to the Trafficking Intervention Coordinator with DOJ and that your task force lead attends (in person/by phone) at least 1 committee meeting a year to keep us apprised of the work you are doing and how we can best support your efforts. Is this something you will be able to accomplish? (If no please explain)

Yes.

6. Describe your collaboration with the Oregon DOJ Trafficking Intervention Coordinator.

See Attachment

2. List 3 goals your task force is currently focusing on.

#1. Increase the identification and service coordination for survivors of commercial sexual exploitation in Clackamas County through community education and law enforcement training to identify survivors (see it), inquire, report and respond.

#2. Investigate and prosecute those who use force, fraud or coercion to cause a commercial sex act with an adult or minor.

#3. Identify and obtain funding to support services included in the continuum of care for survivors and to support efforts to hold their traffickers accountable in the pursuit of justice.

3. How will your task force assure that your community(s) will respond from a victim centered approach?

As a multi-disciplinary team we will focus on identifying, endorsing and coordinating services that are empowerment based and trauma informed and follow best practices when working with survivors of trafficking to support their rights, dignity, autonomy and self-determination. This includes having confidential advocates from non-governmental organizations who specialize in working with victims of trafficking. These advocates will respond with law enforcement when victims are identified during criminal investigations and/or ongoing treatment and counseling in the community. In the event that criminal prosecution is unlikely or not immediate, these advocates and organizations will continue to work with survivors using best practices to overcome, empower and heal. The MDT would also include the participation of service providers and the non-governmental organizations on the team in addition to case staffing, maintain with partnering agencies, and sharing information to best serve this population. The MDT will also regularly provide training to community partners to increase awareness and understanding of trauma informed and victim centered approaches specific to the issues of trafficking.

4. How will your task force make sure your members are making decisions from a trauma informed approach?

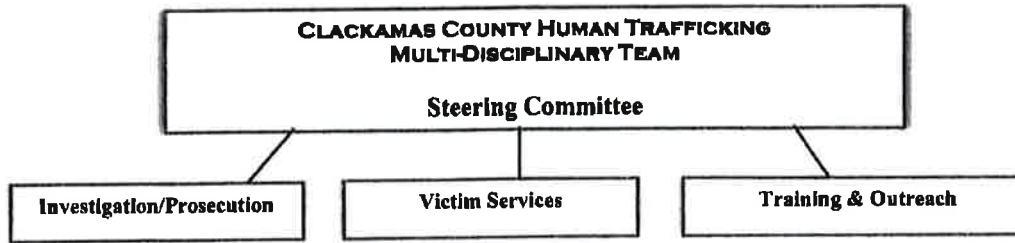
The policies and procedures developed by this MDT will use a trauma informed approach to avoid victim re-traumatization, increase safety of everyone, and increase the effectiveness and efficiency of interactions with victims by developing a collaborative system of communication to achieve our common goals. This is achieved by establishing a group of individuals from diverse agencies including law enforcement, DHS, confidential community-based advocacy, District Attorney's Office, including systems-based advocacy, mental health, insurance providers, medical, juvenile justice, and non-governmental service providers as part of our care continuum. We also strive to identify opportunities for training and ongoing education that will support our service providers in supporting survivors.

6. Describe your collaboration with the Oregon DOJ Trafficking Intervention Coordinator.

Multiple members of our multi-disciplinary team have fostered a long term working relationship with the current Oregon DOJ Trafficking Coordinator. Prior to her accepting her current position, Amanda Swanson was a member the county's commercial sexual exploitation of children multi-disciplinary team and continues to attend when her schedule permits or to share information. The original CSEC MDT will serve as a foundation for this more expansive MDT and will be incorporated into the new collaborative system. We have and continue to appreciate support and open communication between Amanda and our team.

Clackamas County Human Trafficking Multi-Discipline Team

Structure & Members



Steering Committee

CSEC Coordinator & Clackamas Co. Juvenile Dept.: Jana Wiseman
Clackamas Co. District Attorney's Office: Rusty Amos
Clackamas Co. Sheriff's Office, Detective: Sgt. Richard Sheldon
Clackamas Co. Sheriff's Office, Patrol: Sgt. Jason Ritter
Non-Governmental Organization: Esther Nelson, Safety Compass
Non-Governmental Organization: Cassie Trahan, RN, LCSW, A Village for One

Investigation / Prosecution Sub-Committee

Co-Chair, Clackamas Co. Sheriff's Office: Detectives, Sgt. Richard Sheldon
Co-Chair, Clackamas Co. Sheriff's Office: Patrol, Sgt. Jason Ritter
Co-Chair, Clackamas Co. District Attorney's Office: Rusty Amos

Clackamas Co. District Attorney's Office: Scott Healy
Clackamas Co. District Attorney's Office: Bill Stewart
Clackamas Co. District Attorney's Office: Lewis Burkhart
Clackamas Co. District Attorney's Office: Torrey McConnell

Clackamas Co. Sheriff's Office: Deputy Jeff Wass
Clackamas Co. Sheriff's Office: Detective Chad Kyser
Clackamas Co. Sheriff's Office: Det. Stephen Case
Clackamas Co. Sheriff's Office: Michael Meager
Clackamas County Probation/Corrections: Beau Holstead
Non-Governmental Organization: Esther Nelson, Safety Compass
Clackamas Co. DA Victim Assistance Program: Keysha Kendall

Victim Services Sub-Committee

Co-Chair, Director, Clackamas Co. DA Victim Assistance Program: Carrie Walker
Co-Chair, Non-Governmental Organization: Esther Nelson, Safety Compass
Co-Chair, CSEC Coordinator & Clackamas Co. Juvenile Dept.: Jana Wiseman

Non-Governmental Organization: Cassie Trahan, RN, LCSW, A Village for One
Human Trafficking Intervention Coordinator, Oregon Dept. of Justice: Amanda Swanson
Clackamas Co. DA Victim Assistance Program: Keysha Kendall
Children's Center: Chris Smith
Clackamas Co. DHS: Nicole O'Brist
Clackamas Co. Behavioral Health: _____ (Previous Member moved to a
different position. The Department will fill her vacancy).
Clackamas Co. Sheriff's Office: Sgt. Jason Ritter

Training & Outreach Sub-Committee

Co-Chair, CSEC Coordinator & Clackamas Co. Juvenile Dept.: Jana Wiseman
Co-Chair, Non-Governmental Organization: Cassie Trahan, RN, LCSW, A Village for One

Non-Governmental Organization: Esther Nelson, Safety Compass
Clackamas Co. District Attorney's Office: Bill Stewart
Clackamas Co. District Attorney's Office: Rusty Amos
Clackamas Co. District Attorney's Office: Torrey McConnell
Human Trafficking Intervention Coordination, Oregon Dept. of Justice: Amanda Swanson
Clackamas Co. DA Victim Assistance Program: Keysha Kendall
Children's Center: Chris Smith
Clackamas Co. DHS: Nicole O'Brist
Clackamas Co. Behavioral Health: _____ (Previous Member moved to a
different position. The Department will fill her vacancy).
Clackamas Co. Sheriff's Office: Patrol, Sgt. Jason Ritter

Clackamas County Human Trafficking MDT Implementation

The implementation of this agreement becomes effective upon the certification by the Oregon Department of Justice and will remain in effect until action is initiated to dissolve the agreement. By signing here, each party signifies approval of this collaboration as described in the certification application and associated documents:



Jami Wiseman, Juvenile Department & CSEC Coordinator 01.18.18
Date



Russell Amos, District Attorney's Office 1/17/2018
Date



Richard Sheldon, Clackamas County Sheriff's Office 1-18-2018
Date



Esther Nelson, Safety Compass 1-18-18
Date



Cassie Trahan, A Village for One 1/13/18
Date

APPENDIX C

The Clackamas County Child Abuse Multi-Disciplinary Team Protocols

CLACKAMAS COUNTY
MULTI-DISCIPLINARY TEAM
CHILD ABUSE PROTOCOL

Revised March 2020

TABLE OF CONTENTS

Section	Page
I. Protocol Statement	5
II. Definitions	7
A. Child	7
B. Child Abuse	7
III. Reporting Allegations of Child Abuse	8
A. Reporting Party Makes Allegation	8
B. School Reporting Requirements & Records	9
IV. Report Received	9
A. DHS/CW Screening	9
B. Investigating Child Abuse Allegations	10
1-4. DHS/LEA	10
5. Interviews with Children & Adolescents	11
6. Investigations in School Environment	11
7. Investigations of Abuse in a Child Care Facility	12
C. Protective Custody	12
D. DHS/CW Assessment and Case Management	13
1. Assessment	13
2. Case Management	16
E. Medical Examinations – Children’s Center Child Advocacy Center	17
1-3. Clackamas County Designated Medical Provider	17
4. Referral	17
5. Reason for Referral	18
a. Sexual Abuse	18
b. Physical Abuse	19
• Karly’s Law	19
c. Neglect	20
• Drug-Endangered Children	21
d. Emotional/Psychological Abuse	21
e. Medical Child Abuse	22
6. Medical Examinations	22
7. Forensic Interviews	23
8. Family Support	23
9. Evaluations	24
V. Criminal Prosecution (Prosecution & Disposition of Offenders)	24
VI. Youth as Offender: Delinquency and Dependency Cases	26

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 and Senate Bill 1540
 - Clackamas County Human Trafficking MDT Protocol

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

- C. DEC Protocol

- D. CSEC Protocol

- E. Healthy Behaviors & Boundaries Team (HBB)

- F. Juvenile Justice Custody Procedures

- G. Case-Consultation Phone Numbers

- H. Child Abuse Acronyms

- I. Interagency Agreement

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
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 2nd 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.

	Medical Consultation	Medical Exam
Weekdays	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
After Hours	Children's Center (503) 655-7725 Follow VM prompts for on-call provider	Acute (sexual assault <84 hrs.): <= 14yo: <ul style="list-style-type: none"> • Randall Children's Hospital @ Legacy Emanuel (503) 413-4684 • Doernbecher Children's Hospital @ OHSU (503) 494-6270 Ages 15,16,17: <ul style="list-style-type: none"> • 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

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 2nd 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

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
DHS	Hotline 971 673-7112	Hotline 971 673-7112
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
(<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
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
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

APPENDIX D

ORS 419B.010; Duty of Officials to Report

ORS § 419B.010

Copy Citation

The Oregon Annotated Statutes is

419B.010 Duty of officials to report child abuse; exceptions; penalty.

(1) Any public or private official having reasonable cause to believe that any child with whom the official comes in contact has suffered abuse or that any person with whom the official comes in contact has abused a child shall immediately report or cause a report to be made in the manner required in ORS 419B.015. Nothing contained in ORS 40.225 to 40.295 or 419B.234 (6) affects the duty to report imposed by this section, except that a psychiatrist, psychologist, member of the clergy, attorney or guardian ad litem appointed under ORS 419B.231 is not required to report such information communicated by a person if the communication is privileged under ORS 40.225 to 40.295 or 419B.234 (6). An attorney is not required to make a report under this section by reason of information communicated to the attorney in the course of representing a client if disclosure of the information would be detrimental to the client.

(2) Notwithstanding subsection (1) of this section, a report need not be made under this section if the public or private official acquires information relating to abuse by reason of a report made under this section, or by reason of a proceeding arising out of a report made under this section, and the public or private official reasonably believes that the information is already known by a law enforcement agency or the Department of Human Services.

(3) The duty to report under this section is personal to the public or private official alone, regardless of whether the official is employed by, a volunteer of or a representative or agent for any type of entity or organization that employs persons or uses persons as volunteers who are public or private officials in its operations.

(4) The duty to report under this section exists regardless of whether the entity or organization that employs the public or private official or uses the official as a volunteer has its own procedures or policies for reporting abuse internally within the entity or organization.

(5) A person who violates subsection (1) of this section commits a Class A violation. Prosecution under this subsection shall be commenced at any time within 18 months after commission of the offense.

APPENDIX E

ORS 419B.015; DHS IB.2, OAR 413-020-0275 to 0285

ORS § 419B.015

419B.015 Report form and content; notice.

(1)

- (a) A person making a report of child abuse, whether the report is made voluntarily or is required by ORS 419B.010, shall make an oral report by telephone or otherwise to the local office of the Department of Human Services, to the designee of the department or to a law enforcement agency within the county where the person making the report is located at the time of the contact. The report shall contain, if known, the names and addresses of the child and the parents of the child or other persons responsible for care of the child, the child's age, the nature and extent of the abuse, including any evidence of previous abuse, the explanation given for the abuse and any other information that the person making the report believes might be helpful in establishing the cause of the abuse and the identity of the perpetrator.
- (b) When a report of child abuse is received by the department, the department shall notify a law enforcement agency within the county where the report was made. When a report of child abuse is received by a designee of the department, the designee shall notify, according to the contract, either the department or a law enforcement agency within the county where the report was made. When a report of child abuse is received by a law enforcement agency, the agency shall notify the local office of the department within the county where the report was made.
- (c) When a report of child abuse is received by the department or by a law enforcement agency, the department or law enforcement agency, or both, may collect information concerning the military status of the parent or guardian of the child who is the subject of the report and may share the information with the appropriate military authorities. Disclosure of information under this paragraph is subject to ORS 419B.035 (7).

(2) When a report of child abuse is received under subsection (1)(a) of this section, the entity receiving the report shall make the notification required by subsection (1)(b) of this section according to rules adopted by the department under ORS 419B.017.

(3)

- (a) When a report alleging that a child or ward in substitute care may have been subjected to abuse is received by the department, the department shall notify the attorney for the child or ward, the child's or ward's court appointed special advocate, the parents of the child or ward and any attorney representing a parent of the child or ward that a report has been received.
- (b) The name and address of and other identifying information about the person who made the report may not be disclosed under this subsection. Any person or entity to whom notification is made under this subsection may not release any information not authorized by this subsection.
- (c) The department shall make the notification required by this subsection within three business days of receiving the report of abuse.

(d) Notwithstanding the obligation imposed by this subsection, the department is not required under this subsection to notify the parent or parent's attorney that a report of abuse has been received if the notification may interfere with an investigation or assessment or jeopardize the child's or ward's safety.

APPENDIX F

The “Determination of Sex Trafficking Victim Status” Form

"Desktop > Determination of Sex Trafficking"



"Determination of Sex Trafficking"

Basic Child/Young Adult:	Child/Young Adult ID:	Date Completed:	11/08/2018
Case Name:	Case Number:	✓ Complete	
Worker Name:		Determination Status:	At Risk

Determination Reason

- A missing child/young adult was located
- Information gathered or observed indicates the child/young adult may be a victim of sex trafficking

Definitions.

"Child" means a person under 18 years of age.

"Coercion" means threats of serious harm to, or physical restraint of, any person; any scheme, plan or pattern of intended to cause a person to believe that failure to perform an act would result in serious harm to, or physical restraint against, any person; or the abuse or threatened abuse of the legal process.

"Commercial sex act" means any sex act where anything of value is given to or received by any person.

"Force" means the use of any form of physical force, including rape, beatings and confinement to control victims.

"Sex trafficking" means the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person under the age of 18 for the purpose of a commercial sex act or the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person over the age of 18 using force, fraud, or coercion for the purpose of a commercial sex act.

"Sexually explicit performance" means a live, recorded, broadcast (including internet) or public act or show intended to arouse or satisfy the sexual desires or appeal to the excessive sexual interests of customers.

"Young adult" means a person aged 18 through 20.

Confirmed Victimization (Information Gathered: confirmed victim If yes to one or more of the following)

	<u>Yes</u>	<u>No</u>
Has the child self-reported engaging in sexual activity or sexually explicit performance for the monetary or in-kind benefit of another person?	<input type="radio"/>	<input checked="" type="radio"/>
Has the young adult self-reported being forced or coerced into sexual activity or sexually explicit performance for the monetary or in-kind benefit of another person?	<input type="radio"/>	<input checked="" type="radio"/>
Has law enforcement confirmed through an investigation that the child or young adult has been sexually trafficked?	<input type="radio"/>	<input checked="" type="radio"/>
Has the child self-reported "consensual" participation in a sexual act in exchange for shelter, transportation, drugs, alcohol, money or other item(s) of value?	<input type="radio"/>	<input checked="" type="radio"/>

If Confirmed Victim, answer the following question(s):

Is the child/young adult in substitute care?

If yes, does the information support the child/young adult was first victimized when in the care of their parents and, therefore, prior to the child/young adult being in substitute care? (Answer No if first victimization was while in substitute care)

At-Risk for Victimization (Information Gathered or Observed: at risk If yes to one or more of the following)

If the Determination is "At Risk" then refer to Child Welfare procedure manual section related to providing services to a child/young adult identified as a sex trafficking victim for next steps; the case plan is to be revised as indicated.

	<u>Yes</u>	<u>No</u>
Does the child/young adult have a self-disclosed or reported history of multiple (two or more) and/or anonymous sex partners?	<input type="radio"/>	<input checked="" type="radio"/>
Does the child/young adult have a history of multiple/chronic sexually transmitted disease?	<input type="radio"/>	<input checked="" type="radio"/>
Has the child/young adult used the internet for posting sexually explicit material?	<input type="radio"/>	<input checked="" type="radio"/>
Have there been confirmed or reported uses of hotels for parties or sexual encounters?	<input type="radio"/>	<input checked="" type="radio"/>

- Does the child/young adult have family connections to sex trafficking?
- Has gang affiliation been disclosed, reported or suspected?

Additionally At-Risk for Victimization (Information Gathered or Observed: at risk if you to two or more of the following)
If the Determination is "At Risk" then refer to Child Welfare procedure manual section related to providing services to a child/young adult identified as a sex trafficking victim for next steps; the case plan is to be revised as indicated.

- | | <u>Yes</u> | <u>No</u> |
|---|----------------------------------|----------------------------------|
| Does the child/young adult have unaccounted for injuries or suspicious tattoos? | <input checked="" type="radio"/> | <input type="radio"/> |
| Does the child/young adult have a history of multiple (two or more) runs? | <input checked="" type="radio"/> | <input type="radio"/> |
| Has the child/young adult been in possession of money, cell phone, hotel keys or other items that cannot be explained or accounted for? | <input checked="" type="radio"/> | <input type="radio"/> |
| Is the child/young adult in a relationship with a significantly older partner? | <input type="radio"/> | <input checked="" type="radio"/> |
| Is the child/young adult unable or unwilling to provide information about a boyfriend/girlfriend or sex partners? | <input type="radio"/> | <input checked="" type="radio"/> |

Primary factors that contributed to the child/young adult being missing

- | | | |
|--|---|--|
| <input type="checkbox"/> Did not mean to run-just got mad and left | <input type="checkbox"/> Somebody asked or told me to | <input type="checkbox"/> Conflict with program |
| <input type="checkbox"/> To live with parents/other family | <input type="checkbox"/> To get away from caregiver | <input type="checkbox"/> To be with Friends |
| <input type="checkbox"/> Not feeling safe in placement | <input type="checkbox"/> To have some excitement | <input type="checkbox"/> School problems |
| <input type="checkbox"/> To see other family members | <input type="checkbox"/> To get high/drink alcohol | <input type="checkbox"/> Forcibly taken |
| <input type="checkbox"/> To see girlfriend/boyfriend | <input type="checkbox"/> Inadequate supervision | <input type="checkbox"/> To see parents |
| <input type="checkbox"/> Unknown: _____ | | |
| <input type="checkbox"/> Other: { _____ | | |

Report of Victimization
 Date caseworker reported to screener that the child/young adult has been identified as a sex trafficking victim (Required unless information gathered was received in a report from LEA): _____

If a determination is made that a child or young adult is a victim of sex trafficking or at risk of being a victim, the caseworker must identify and refer to appropriate services.

Procedure

A. Information needed

To determine what services to refer either a child/young adult victim of sex trafficking or one at risk of being a victim, it is helpful to gather the following information:

- I. Age — Depending on whether he or she is a child or young adult, different services may be indicated. If applicable, it may be helpful to know the age of entry into “the life” (family members having ties to sex trafficking);
- II. Gender — It is important to know how the child/young adult identifies on the gender spectrum;
- III. Identified sex trafficking victim or at risk;
- IV. Form of trafficking/victimization-sex, stripping, pornography;
- V. Family ties to “the life” (family members having ties to sex trafficking);
- VI. Criminal history of child/young adult and his or her family.
- VII. Gang affiliation (including association, membership and family ties to gangs);
- VIII. Immediacy/urgency of risk;
- IX. Previous services received and which were effective;
- X. Substance abuse;
- XI. Mental health;
- XII. Cognitive functioning;
- XIII. Education, including what school he or she is enrolled in;

APPENDIX G

The Juvenile Department Standard Intake and Medical Questionnaire Form

Clackamas County Juvenile Intake and Assessment Center – Demographic Information

Date: ____/____/____ Arrival Time: ____:____ am/pm Intake Counselor: _____

Name: _____ DOB: ____/____/____
First Middle Last Age: _____
AKA /Preferred Name: _____ Identified Gender: _____
Race/Ethnicity: _____

What are the best contact methods for you? Phone/ Text/ Email/ Other _____
(circle one) (Enter phone/email/other)
Phone/ Text/ Email/ Other _____
(circle one) (Enter phone/email/other)

Current Address: _____

Is this where you sleep? YES NO Who lives there with you? _____

Do they take care of you? YES NO Do you feel like you have a good relationship and/or supported by them? YES NO

Do they make you do anything you do not want to do in order to have your needs met (food, clothes, shelter)? YES NO

If above is not parent/guardian, who do you consider to be your parent? _____

Parent Contact Information: _____
Same as youth Address _____ Phone _____

Parent Contact Information: _____
Same as youth Address _____ Phone _____

Legal Guardian Contact Information: _____
Same as youth Address _____ Phone _____

Are you in foster care? YES NO Have you ever been in foster care? YES NO

If "YES", when were you in Foster Care? (enter date range) ____/____/____ - ____/____/____

DHS Caseworker contact: _____
Name Branch Phone

Have you run away in the last month? YES NO If "YES", how many times have you run away? _____

Are you from here originally? YES NO If "No", where? _____

Have you had contact with police before you came here (other counties, states, etc.)? YES NO

If "YES", what for? _____ How many times? _____

Where? _____ Were you ever taken into custody? YES NO

Attending School: YES NO School Name: _____

Grade: _____ On track to graduate? YES NO

Failing any classes? YES NO If "YES", what class(es)? _____

Have you been suspended/expelled in the last 6 months? YES NO

If "YES", when/why? _____

Are you involved in extra-curricular activities (sports, fitness, clubs, etc.): YES NO _____

If "YES", what? _____

Gang involved: YES NO If "YES", what gang? _____

Other observations (tattoos, brands, scars, etc.): _____

Checklist of RED FLAGS – 2+ Contact Safety Compass (971) 235-0021

- _____ Current living situation (not with parent/guardian)
- _____ Not supported/unhealthy relationship
- _____ Yes answer to youth is made to do things that they do not want to in order to get needs met
- _____ Foster care – Past or present
- _____ Runaway history (3 or more times)
- _____ Yes answer to prior police contact – other counties or jurisdictions
- _____ Not enrolled in school
- _____ Appearance – Age appropriate clothing, weather appropriate clothing, scars, tattoos, unexplained injuries or bruises, etc.
- _____ Gang involved

Staff Observations –

- _____ Does property include any of the following:
 - Multiple cell phones/sim cards
 - Excess money that appears to exceed known means or not align with story (no work, run history, etc.)
 - Medication types (increased stamina supplements, Viagra, etc.)
 - Condoms (DO NOT THROW AWAY!)
- _____ Reports or information shared by officers – Picked up at hotel or with older males, etc.
- _____ DHS involvement current/past
- _____ Gang involvement

APPENDIX H

The JJIS CSEC Title IV Screening Tool

Title IV-E CSEC Assessment Questions

1.1 Review the following 4 questions: If yes to one or more of the following, mark this question YES. If none apply, mark NO:

1. Has the child self-reported engaging in sexual activity or sexually explicit performance for the monetary or in-kind benefit of another person?
2. Has the young adult self-reported being forced or coerced into sexual activity or sexually explicit performance for the monetary or in-kind benefit of another person?
3. Has law enforcement confirmed through an investigation that the child or young adult has been sexually trafficked?
4. Has the child self-reported "consensual" participation in a sexual act in exchange for shelter, transportation, drugs, alcohol, money or other item(s) of value?

2.1 Review the following 6 questions: If yes to one or more of the following, mark this question YES. If none apply, mark NO.

1. Does the child/young adult have a self-disclosed or reported history of multiple and/or anonymous sex partners?
2. Does the child/young adult have a history of multiple/chronic sexually transmitted diseases?
3. Has the child/young adult used the internet for posting sexually explicit material?
4. Have there been confirmed or reported uses of hotels for parties or sexual encounters?
5. Does the child/young adult have family connections to sex trafficking?
6. Has gang affiliation been disclosed, reported or suspected?

3.1 Review the following 5 questions: If yes to two or more of the following, mark this question YES. If none apply, mark NO:

1. Does the child/young adult have unaccounted for injuries or suspicious tattoos?
2. Does the child/young adult have a history of multiple runs?
3. Has the child/young adult been in possession of money, cell phone, hotel keys or other items that cannot be explained or accounted for?
4. Is the child/young adult in a relationship with a significantly older partner?
5. Is the child/young adult unable to unwilling to provide information about a boyfriend/girlfriend or sex partners?

APPENDIX I

The Clackamas County Sexual Assault Response Team (SART) Protocols

CLACKAMAS COUNTY SEXUAL ASSAULT RESPONSE TEAM (SART) COLLABORATIVE SERVICE PROTOCOL

MISSION STATEMENT: The purpose of a community-based Sexual Assault Response Team is to ensure an effective, consistent, comprehensive and collaborative response to sexual assault that prioritizes the needs of sexual assault victims and brings responsible persons to justice. (Oregon Attorney General's Sexual Assault Taskforce, 2002)

The purpose of this protocol is to clarify the roles and responsibilities and outline a collaborative agreement for joint response to crimes of sexual assault. In addition to this protocol, in any case where the victim of the sexual assault is under the age of 18, the Clackamas County Multi-Disciplinary Team protocol applies, and all mandatory reporting obligations are in full force and effect. The Children's Center in Oregon City is the Designated Medical Provider (DMP) for Clackamas County to serve those individuals under the age of 18. While it is not required that all underage individuals be seen at the Children's Center, it is recommended as the first considered option.

The advocacy response to sexual assault in Clackamas County involves the services of advocates based in three different settings. Staff and volunteer Victim Advocates from the Clackamas County District Attorney's Office are dispatched by **911** in response to acute reports of sexual assault seen at local area hospitals, crime scenes and police stations. Staff and volunteer advocates from Clackamas Women's Services are available for an in person response as requested. Multi-lingual staff are available on a limited basis through ROSS and other agencies.

I. ROLES AND RESPONSIBILITIES:

1. District Attorney's Victim Advocates

- a. Dispatch: Dispatched by 911 to respond to local area hospitals, crime scenes and police stations. Advocates are also available by phone 24/7 through the Victim Assistance Program.
- b. Scope of Service: Respond to reporting and non-reporting victims. Provide support and information to victim(s) during wait time at the hospital for sexual assault forensic exams (SAFE) and the investigative interview as needed. Follow up with victim(s) on the case status throughout the duration of the case, regardless of the prosecutorial merit of the case. The advocate acts as a liaison between the DA, police, hospital personnel, and other professionals, as needed, to support the victim.
- c. Information and services provided:
 - Information and assistance with accessing crime victim's rights;
 - Information and support on the criminal justice system process;
 - Provide Crime Victim Compensation application and assist with that process;

- Explain the investigation/prosecution process;
- Assist in providing for the victim's comfort;
- Immediate and long term safety planning;
- Assist with making transportation arrangements after the hospital, if needed;
- Support victim through law enforcement interview and sexual assault forensic exam (SAFE);
- Provide case status information and court dates;
- Accompany victim to all court hearings and interviews;
- Refer victims to privileged advocates through CWS and Safety Compass, as appropriate, as well as other local resources;
- Follow-up contact by assigned advocate providing support and resources;
- Assist victim in applying for Protective Orders as appropriate.

2. Clackamas Women Services (CWS) Sexual Assault Advocates

- a. Dispatch: Via 24 hour Crisis Line
- b. Scope of Service: Resources and support via phone and in person for sexual assault victims, their families and other support persons, as needed. No involvement with law enforcement or prosecution is necessary. Crisis response for resources and confidential emotional support.
- c. Information and Services Provided:
 - 24-hour confidential emotional support, information and referral via crisis line;
 - Immediate and long-term safety planning;
 - Assist with transportation arrangements;
 - Information and assistance with accessing crime victim's rights;
 - Liaison with DA victim advocates;
 - Provide crisis and long-term counseling and support group services;
 - Provide information, support, and case management through community systems and resources (i.e., housing, legal, medical, campus, DHS, etc.)
 - CWS advocates are privileged advocates – meaning their services are confidential and are not subject to Oregon's mandatory reporting of child abuse statutes.

3. Culturally Specific Services

- a. Dispatch: No dispatch is available.
- b. Scope of Service: Provide case management services to survivors of sexual assault. Clients do not need to be involved with law enforcement to receive services.
- c. Information and Services Provided;
 - Assist client in assessing options (legal, medical, etc);
 - Help client create personalized safety plan;
 - Facilitate on-going communication between client, law enforcement, and District Attorney;
 - Refer client for culturally appropriate and language-specific counseling resources;
 - Refer client to social service resources (i.e., housing, legal, medical, etc) as appropriate;
 - Access to support group in victim's primary language when available;
 - Services do not include interpretation and/or translation for law enforcement interviews or medical appointments.

4. Children's Center of Clackamas County

- a. Scope of Service: Children's Center is the Designated Medical Provider (DMP) for Clackamas County and offers evaluations to children and teenagers who may have been the victims of any type of maltreatment, which includes sexual abuse, assault, or exploitation. Children's Center provides comprehensive medical exams including SAFE kits when necessary. The Center also provides developmentally appropriate and child/teen-centered forensic interviews. The Center also provides mental health referrals and acute crisis intervention for families.
- b. Referral: Children's Center accepts referrals from community partners, parents, medical providers, mental health providers, and other agencies. During business hours, Children's Center offers appointments for evaluations (medical examinations and forensic interviews) for Children who have been sexually abuse, assaulted, or exploited. During all hours, the Center is available to offer phone consultation triage by calling 503-655-7725.
- c. Information and services provided:
 - Review risk factors and safety needs of victim
 - Sexual abuse/assault exams
 - Review of medical history, medication needs
 - Testing for sexually transmitted infections and pregnancy

- Trained forensic interviewers provide neutral setting to interview children regarding maltreatment which is recorded and can be observed by DHS and LEA
- Trained medical personnel experienced in assessing maltreatment and performing acute sexual assault forensic exams (SAFE)
- Refer victims to resources such as mental health providers
- Follow-up contact by family support team
- Crisis intervention for families

5. **Hospital-Based Medical Facilities**

a. Hospital staff is responsible for the following:

- Triage patient according to triage guidelines;
- Notify appropriate jurisdictional law enforcement agency if the patient desires law enforcement to be present, and if not already involved;
- If patient is under the age of 18, Oregon's mandatory reporting statutes apply;
- Move patient to private room as soon as possible and notify Charge R.N. of sexual assault patient in department;
- Ensure the patient receives appropriate medical treatment according to hospital protocol, regardless of whether patient makes report to law enforcement;
- M.D. to perform medical screening exam;
- Charge R.N. to activate on-call SANE (Sexual Assault Nurse Examiner) to perform SAFE exam;
- Per hospital protocol, collaborate with SANE to offer patient pregnancy and STI/STD prophylaxis and emergency contraception;
- Discharge patient with hospital-approved discharge instructions that will include: medical instructions and information to follow up for a further STI/STD screening and/or pregnancy tests;
- Ensure arrangements for transportation have been addressed prior to the victim being discharged from hospital.

b. SANE Nurse will:

- Coordinate with dispatch to have a victim advocate respond if the advocate is not already at the hospital, regardless of whether the victim is reporting or non-reporting;
- Coordinate law enforcement response with dispatch, if patient wishes to make a report and law enforcement has not previously been called;
- For anonymous reporting cases, contact the appropriate law enforcement agency to request a case number. *Refer to Non-*

Reporting Safe Kit Collection Site Guidelines for Further Instruction.

- Law Enforcement from the hospital's jurisdiction will respond to all anonymously reported cases and issue a case number. The case number will be used as the unique tracking number. Anonymous SAFE kits will be collected by that same responding agency and secured in the appropriate evidence locker at the agency facility, and insure that chain of custody is maintained.
- Conduct sexual assault forensic examination or wellness exam per medical protocols and patient consent;
- SANE to preserve evidence chain of custody per Oregon State Police Physical Evidence Manual;
- Liaison with medical staff to recommend STI prophylaxis, emergency contraception, and HIV nPEP as appropriate;
- Provide patient discharge instructions specific to sexual assault:
 - Area crisis numbers;
 - Additional community resources, as applicable;
 - Follow-up instructions related to STI testing and treatment;
- Ensure arrangements for transportation have been addressed prior to the victim being discharged from the hospital.

II. COLLABORATIVE AGREEMENTS

1. At the Hospital (Victim Advocates)

- a. Victims Advocate will respond to the hospital, crime scene or police station as directed when dispatched by 911;
- b. The Victims Advocate will check in with responding officer as applicable, and hospital security;
- c. Explain hospital process to victim;
- d. The Victims Advocate will explain the investigation/prosecution process, if appropriate;
- e. The Victims Advocate and/or the SANE will inform victim of the option to report to law enforcement or to remain a non-reporter;
- f. Victims Advocate will stay with victim during the law enforcement interview, when appropriate, and forensic exam to explain process and ensure informed decision making;
- g. If two advocates are present, they will assess the situation and decide if they both should remain with the victim;
- h. The Victims Advocate will remain with the victim until it has been determined that the victim has safe and dependable transportation from the hospital;

- i. The Victims Advocate will also facilitate reporting to law enforcement as needed, or call CWS or a culturally-specific program as appropriate.

2. Legal/Law Enforcement Process and follow-up

- a. Victims Advocate/SART members may act as a liaison for the victim to connect with law enforcement as appropriate.
- b. Law Enforcement response:
 - 911 will dispatch a first responding patrol officer depending upon the jurisdiction where the event occurred;
 - When initial law enforcement contact with a victim occurs at any location other than a hospital, the responding law enforcement officer will request dispatch of a victim advocate either immediately, or if this is impossible, at the earliest possible time.
 - **CCSO:** the dispatched patrol deputy will conduct a preliminary investigation and if deemed appropriate, relay information to the patrol sergeant on duty. A determination will be made as to whether a detective call-out is necessary, or if the case will be referred to the Homicide and Violent Crimes Unit on the next regularly scheduled business day. The patrol deputy will ensure the SAFE kit is secured in the appropriate evidence locker at the agency facility, that the chain of custody is maintained, and that the SAFE kit is submitted to the Oregon State Police Forensic Lab for testing.
 - **Other law enforcement agencies:** the dispatched patrol officer will conduct a preliminary investigation and relay information to the patrol sergeant or supervisor on duty. A determination will be made at that time as to whether a detective call-out is necessary, or if the case will be referred to a detective on the next regularly scheduled business day. The patrol officer will ensure the SAFE kit is secured in the appropriate evidence locker at the agency facility, that the chain of custody is maintained, and that the SAFE kit is submitted to the Oregon State Police Forensic Lab for testing.
 - Investigators with questions relating to issues of search and seizure may contact the on-call Deputy District Attorney for legal advice.

This protocol will be reviewed every two years by the members of the Clackamas County Sexual Assault Response Team (SART) and may be revised and updated at anytime upon approval of the current active members of the Clackamas County SART. This protocol is intended to outline the process and does not list every service provided by each undersigned agency.

APPENDIX J

Continuum of Care of Commercially Sexually Exploited (CSE) Minors,
Oregon, Department of Justice

Proposed Continuum of Care for Co rcially Sexually Exploited (CSE) Minors

This border represents proposed services.

Referral to law enforcement contingent on confidentiality

Referrals- Single Entry Point Per County
DHS County Specific Hotline

Law Enforcement

Confidential Community-Based Advocates:
Community-Based, 24 Hour / Day On-Call Response. Ex. Agency: Safety Compass in Clackamas, Washington, & Marion County.

Medical Services: Physical Health, Option of Sexual Assault Services

Mental Health: Community-Based, Population Specific, Minimizes Barriers to Receiving Services. No Insurance Requirements, Low/Flexible Caseloads for Providers.
Ex. Agency: A Village for One in Clackamas & Marion County.

If need for an out-of-home care is determined, the following continuum of care is recommended:

Emergency Intake Shelter
-Up to 1 Week Stay
- On-Call Medical Services
-Detox Services
-24 Hour Intake / Referral Process

Secure Residential Treatment
-Separate facilities for male and female identifying youth
-CADAC Provided Services
-Medical Clearance before entry
-10 to 14 month
-Treatment phase process
-In-House treatment and education services

Example Agency: SAGE In Multnomah County

Therapeutic Group Home
-Non-Secure
-CADAC Provided Services
-Open, Trauma-Informed "Family Style"
-More rural home location, but Community Based
-Holistic Model
-Diverse Treatment Interventions, including: Animal therapy, talk therapy, horticultural, and nutrition counseling.

Example Agency: A Village for One Therapeutic Home Proposal

Specialized Foster Care
-Extensive Training and Support for Foster Parents
-On-Going Services

Example Agency: Door to Grace in Multnomah County

Priority for:
For youth aged 16 1/2 - 18
-Emergency Intake
-6-Month temporary stay as needed until they are stabilized, or a placement in therapeutic home is available.
-CADAC Services

Community Mental Health & Advocacy Services can and ideally would follow youth throughout the continuum.



APPENDIX K

The Department of Human Services Continuum of Services Flow Chart

THE DEPARTMENT OF HUMAN SERVICES CONTINUUM OF SERVICES

**The Department of Human Services (DHS)
Child Welfare (CW)**
D15 Clackamas County
(Oregon City and North Clackamas)

Screening (Child Abuse HOTLINE)

Screener
(Determination of Allegation/Response time)
-Up to 5 Day response Time
-Up to 24-hour response Time
-Cross Report to LEA

Child Protective Services (CPS)
-Investigates Child Abuse w/LEA
(collaboration with LEA for appropriate response)
-Determination of Sex Trafficking
- (AT RISK/CONFIRMATION)
- (Identify Resources/Placement/Referrals)
-Determines Child Safety

Close at Screening (CAS)
-No allegation/Child safe

Child NOT safe
-Child Removal and/or safety plan
(placement)
-Court Involvement or Voluntary Case

Child safe
-CPS assessment/case closes

Case gets transferred

Permanency Caseworker
-Court Involvement/ CW Ongoing Involvement
-Ongoing case planning for life of the case
-Determines child safety
-Determination of Sex Trafficking
- (AT RISK/CONFIRMATION)
- (Identify Resources/Placement/Referrals)

APPENDIX L

Safety Compass' Continuum of Services Flow Chart

SAFETY COMPASS
CONFIDENTIAL NAVIGATORS

EMERGENCY INTAKE

24 HR CALL OUT
971-235-0021

NON-EMERGENCY REFERRAL

EMAIL REFERRAL
SAFETYCOMPASSOREGON@GMAIL.
COM

CONTACT:
ESTHER NELSON
971.235.0021 CELL

RESPOND TO SCENE
24/7 CRISIS INTERVENTION
INTAKE
REFERRAL TO P.A.T.H.

OR

FOLLOW UP VIA PHONE
WITHIN 24 HOURS TO SET
UP MEETING

P.A.T.H. ~
POSITIVE ADVANCEMENTS
THROUGH HEALING

SAFETY COMPASS ADVOCACY PROGRAM OFFERS:

1. 100% JOINT REFERRALS TO A VILLAGE FOR ONE FOR MH SERVICES
2. CRIMINAL JUSTICE INTERVIEW ACCOMPANIMENT, COURT ACCOMPANIMENT, BASIC NEEDS, SAFETY PLANNING, COMMUNITY COURT REPRESENTATION
3. DIVERSION SUPPORT
4. REFERRAL TO P.A.T.H. FOR BASIC NEEDS & CLOTHING CLOSET

APPENDIX M

A Village for One's Continuum of Services Flow Chart

A VILLAGE FOR ONE (AV41)
CSEC MENTAL HEALTH SERVICES
CONTACT: 503.730.1469 REFERRALS@AVILLAGEFORONE.ORG

REFERRAL



POSITIVE ADVANCEMENTS THROUGH HEALING
P.A.T.H.
INTAKE

REFERRAL TO AV41
(MENTAL HEALTH)

REFERRAL TO
SAFETY
COMPASS
(ADVOCACY)

INITIAL CONTACT (PHONE)

MENTAL
HEALTH
ASSESSMENT IN
COMMUNITY
OR OFFICE

TRAUMA
INFORMED
COUNSELING

MENTAL
HEALTH
CLINICAL CASE
MANAGEMENT

ASSIST WITH
PROVIDING
BASIC
NEEDS

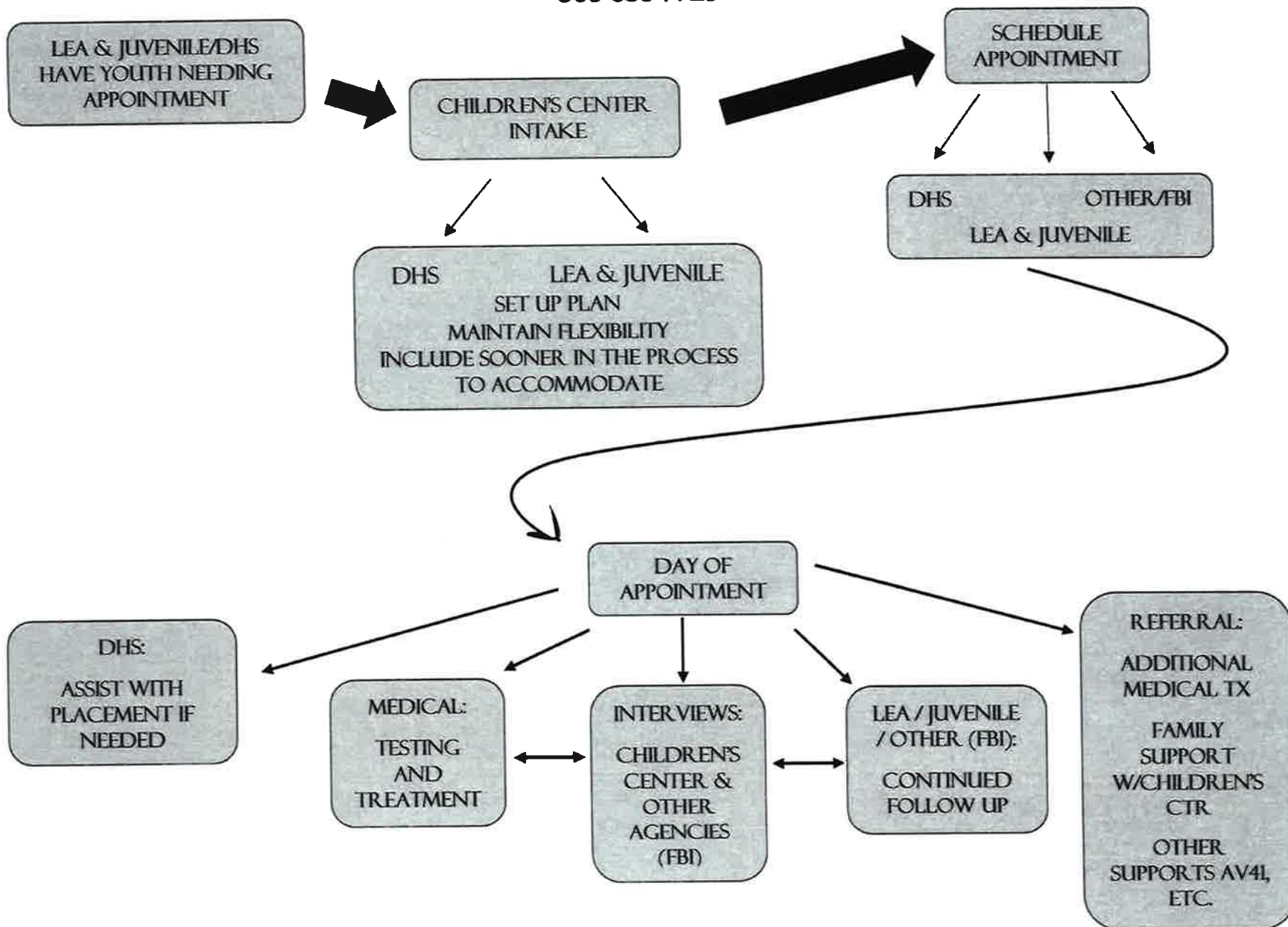
LONG TERM
GOAL:
THERAPEUTIC
HOUSING

APPENDIX N

The Children's Center Continuum of Services Flow Chart

CHILDREN'S CENTER

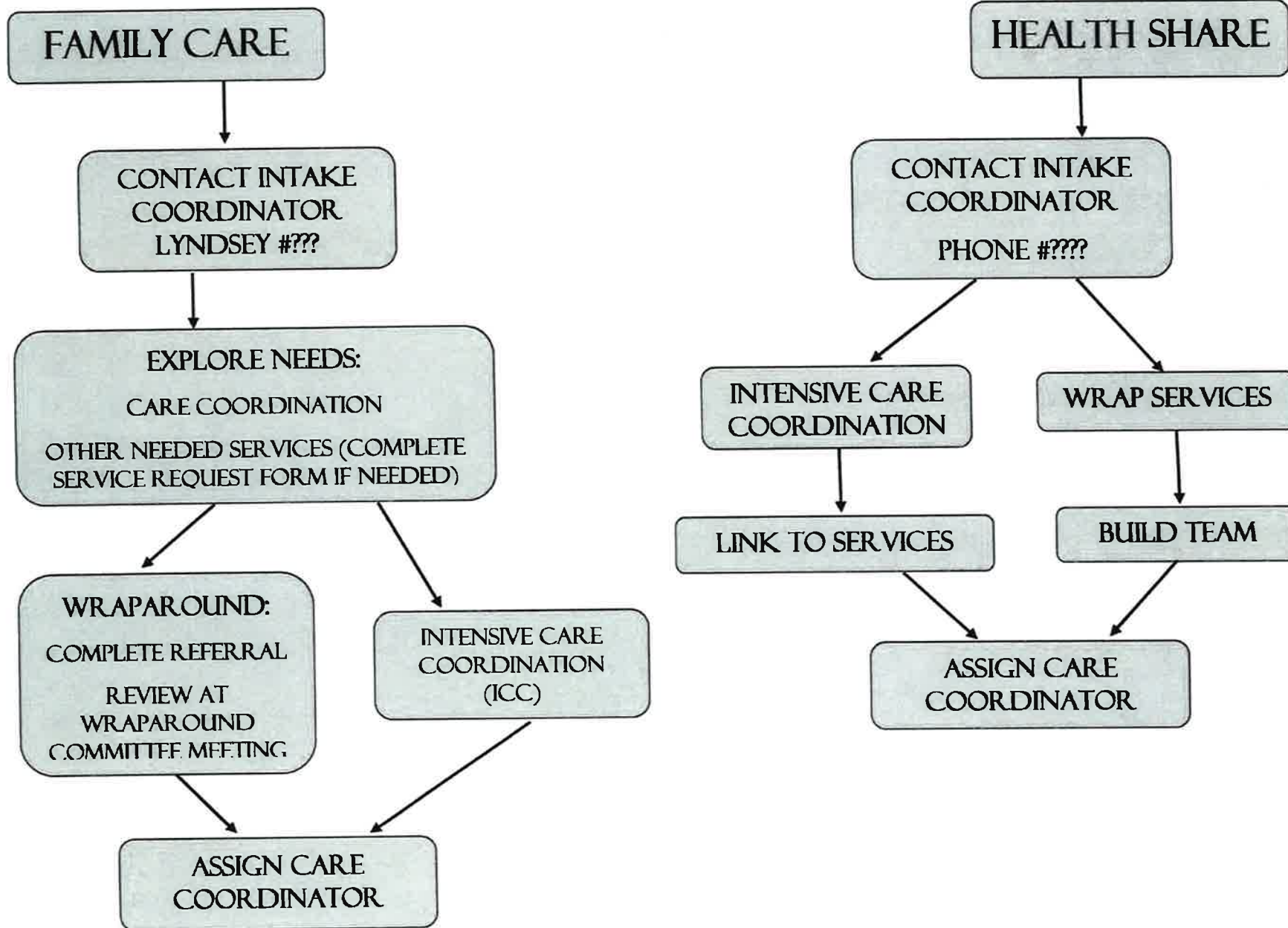
503-655-7725



APPENDIX O

Oregon Health Plan Continuum of Services Flow Chart

OREGON HEALTH PLAN



APPENDIX P

Clackamas County Sex Trafficking Resources and Contact Information

Appendix: Clackamas County Sex Trafficking Resources

Trafficking-Specific Resources:

Clackamas County Sex Trafficking Multi-Disciplinary Team

- Role: Task force consisting of multiple organizations who each have a different but collaborative role in providing services for individuals who have been trafficked and preventing/reducing the occurrence of trafficking in the county
- Contact: Tanell Tucker / 971-645-2574 / tanell@safetycompass.org or Rusty Amos / 503-655-8470 / russellamos@co.clackamas.or.us

A Village For One

- Role: Community mental health counseling and case management for individuals under 25 who are at risk or have been sexually exploited, work with or without insurance
- Contact: Cassie Trahan / 503-730-1469 / one@avillageforone.org

Rapid SAVE Investigation

- Role: 24/7 experienced Sexual Assault Nurse Examiners (SANE's) available for medical response to sexual assault, forensic evidence collection, expert witness testimony
- Contact: Administration / 503-724-1659 or 503-724-0747; Dispatch / 844-750-8911

Department of Human Services (DHS)

- Role: Handles reports of suspected or confirmed child abuse which includes commercial sexual exploitation, sex trafficking, and sexual abuse of anyone under 18 years old, reports can also be made to law enforcement, reports to either DHS or law enforcement automatically get cross-reported between the agencies
- Contact: Clackamas County Child Abuse Hotline / 971-673-7112

Safety Compass

- Role: Free, confidential advocacy services for individuals under 25 who have been commercially sexually exploited or sex trafficked, 24 hour response to the scene for law enforcement/juvenile intake center
- Contact: Tanell Tucker / 971-645-2574 / safetycompassoregon@gmail.com

Clackamas County District Attorney's Office

- Role: Prosecution of perpetrators of human trafficking and coordination of Victim Assistance response and advocacy for victims of trafficking
- Contact: Office located at 807 Main Street, #7 Oregon City, OR 97045
 - Rusty Amos, Senior Deputy DA / 503-655-8470
 - Bill Stewart, Deputy DA / 503-722-2786
 - Torrey McConnell, Deputy DA / 503-722-6060
- Contact: Victim Assistance
 - Carrie Walker, Director of Victim Assistance / 503-655-8616 (24 hour) / carriewal@co.clackamas.or.us
 - Keysha Kendall, Advocate / 971-334-5005 / Kkendall@co.clackamas.or.us

Children's Center

- Role: Child abuse assessment center offering medical exams, forensic interviews, family support, prevention, education, and referrals
- Contact: Christine Smith, FNP-BC / 503-655-7725 (24 hour) / intake@childrenscenter.cc

Appendix: Clackamas County Sex Trafficking Resources

Clackamas County Sheriff's Office

- Role: Several specialized teams dedicated to investigating trafficking and abuse crimes
- Contact:
 - Sergeant Jason Ritter, Domestic Violence Enhanced Response Team / 503-557-5848 (office) or 503-936-0404 (cell)
 - Chad Kyser, Child Abuse Detective, FBI Task Force Office for Child Sex Trafficking / 503-572-6819

Clackamas County Behavioral Health Division - Wraparound Care Coordination

- Role: Provides individualized planning process, service plan development, and coordination of services in a team-based model that is family-driven and youth-guided, includes wraparound, intensive care, and general behavioral health services
- Contact: Children's Behavioral Health Supervisor / 503-742-5335

Clackamas County Juvenile Department

- Role: Identify youth who are being exploited or who are at risk of exploitation, assess needs, access and/or refer youth and/or family to services, supervise youth during their involvement with the Juvenile Department; provide 24 hour intake and assessment services at Juvenile Intake and Assessment Center
- Contact:
 - Juvenile Intake and Assessment Center / 503-655-8342 ext 4 (24 hour)
 - Jana Wiseman, Juvenile Counselor 2 / 503-655-8515 (Direct) or 503-709-5982 (cell) / janawis@co.clackamas.or.us

A Safe Place, Family Justice Center of Clackamas County

- Role: Free support and safety planning for anyone experiencing sexual violence (also family violence, stalking, elder abuse, abuse of anyone with disability), includes 10 agencies housed in one location, services include housing and basic resources, legal, court, and protective order, counseling and support groups, financial empowerment
- Contact: 503-655-8600 (office)

Clackamas Women's Services (located at A Safe Place)

- Role: Trauma-informed and coordinated community response to domestic and sexual violence, services include community education, prevention education, community-based and drop-in services, emergency and shelter services, counseling, and support groups, Oregon City, Sandy, and Estacada office locations
- Contact: 503-655-8600 (office) or 503-654-2288 (24 hour Crisis Line, English, Spanish, Russian, other interpretation by arrangement) / info@cwsor.org

Victim Rights Law Center (located at A Safe Place)

- Role: Free, comprehensive legal services for victims of sexual assault, services include help with issues of privacy, safety, housing, immigration, employment, education, financial stability, LGBTQ-specific, and criminal justice advocacy, live phone intake hours at scheduled times throughout week including options for Spanish-speaking and Trans survivors
- Contact: 503-274-5477 (ext 6 for legal services)

Appendix: Clackamas County Sex Trafficking Resources

Northwest Family Services

- Role: Free transitional housing for families affected by domestic violence or sexual assault, culturally/linguistically-specific for Hispanic/Latino community but do not have to be Latino to receive services
- Contact: 503-546-6377 (main phone), 503-928-2498 (after hours crisis line), 503-974-9882 (shelter phone)

General Resources:

*Russian and Spanish versions can be found at www.clackamas.us → search "Community Resource Guide."

<p>EDUCATION & EMPLOYMENT RESOURCES Clackamas Community College (503) 594-6001 <i>Career and job search services</i></p> <p>Clackamas Educational Service District (ESD) (503) 675-4000 <i>Home schooling, migrant and special education, Early Childhood programs including Head Start Preschool</i></p> <p>Clackamas Works (IRCO) (971) 271-6467 <i>Job training and placement program for non-English speaking persons</i></p> <p>Community Solutions for Clackamas County (503) 655-8840 <i>Employment and training services</i></p> <p>Employment Department, State of Oregon</p> <ul style="list-style-type: none"> • Worksource (971) 673-6400 <i>Job search services</i> • Unemployment Claims (503) 292-2057 <p>Head Start Preschool (503) 675-4565 <i>Children's Commission</i></p> <p>Vocational Rehabilitation, State of Oregon, DHS (971) 673-6130 <i>Employment services</i></p>	<p>BASIC SERVICES General Information and Referral 211</p> <p>Clackamas County Social Services TTY (503) 650-5646 / (503) 655-8640</p> <p>Community Service Centers</p> <ul style="list-style-type: none"> • Canby Center (503) 266-2920 • Clackamas Service Center (503) 771-7914 • Estacada Area Food Bank (503) 630-2888 • Father's Heart Street Ministry (503) 722-9780 • Molalla Service Center (503) 829-5561 • Sandy Community Action (503) 668-4746 • Wilsonville Community Sharing (503) 682-6939 <p><i>Services for low-income or homeless residents</i></p> <p>Energy Assistance Program (503) 650-5640</p> <p>Gleaners of Clackamas County (503) 655-8740 <i>Food and clothing assistance</i></p> <p>Love INC (503) 650-0153 <i>Network of churches assisting persons in need</i></p> <p>Self Sufficiency Centers, State of Oregon, DHS</p> <ul style="list-style-type: none"> • North Clackamas Branch (503) 731-3400 • Oregon City Branch (971) 673-7300 <p><i>TANF, SNAP/food stamps and childcare assistance</i></p> <p>St. Vincent de Paul Social Services Emergency Services (503) 235-8431</p> <p>Veterans Service Office (503) 650-5631</p>
<p>LGBTQ RESOURCES</p>	<p>YOUTH & FAMILY RESOURCES</p>

Appendix: Clackamas County Sex Trafficking Resources

<p>The Living Room (503) 901-5971 <i>Advocacy and services for youth</i></p> <p>Q Community Center (503) 234-7837</p> <p>SAGE (503) 224-2640 <i>Advocacy and services for older adults</i></p>	<p>Child Welfare, State of Oregon, DHS (971) 673-7200 <i>Adoption, foster care, and parent support</i></p> <p>Healthy Families (503) 546-6533 <i>Free support services to teen parents and families on WIC, OHP or SNAP/Food Stamps</i></p> <p>WIC Program (503) 655-8476 <i>Healthy food and nutrition education for low-income families with children under the age of 5 and pregnant women</i></p>
<p>HEALTH RESOURCES Clackamas County Health Centers</p> <ul style="list-style-type: none"> • Medical and Dental Services (503) 655-8471 <i>Oregon City, Sunnyside, Gladstone and Sandy</i> • Behavioral Health Services (503) 655-8401 <i>Mental health and addiction services Oregon City and Sandy</i> <p>The Founders Clinic (503) 722-4400 <i>Health services for uninsured adults</i></p> <p>Oregon Health Plan Enrollment Assistance (503) 655-8336</p>	<p>LEGAL SERVICES Clackamas County Circuit Court (503) 655-8447</p> <ul style="list-style-type: none"> • Traffic court/accounting (503) 655-8453 <p>Clackamas County Resolution Services (503) 655-8415 <i>Community and family law mediation and education</i></p> <p>Legal Aid Services of Oregon (503) 224-4086</p> <ul style="list-style-type: none"> • Child Support Helpline (800) 383-1222 <p>Oregon State Bar Association (503) 684-3763 <i>Lawyer Referral Service; Modest Means Program</i></p>
<p>EMERGENCY AND CRISIS SERVICES Alcohol & Drug Helpline (800) 923-4357</p> <p>Riverstone Mental Health Crisis Center (503) 655-8585</p> <ul style="list-style-type: none"> • 24-hour Mental Health Crisis Line • (888) 414-1553 <p>Child Protective Services, State of Oregon, DHS 24-hour child abuse hotline (855) 503-SAFE (7233)</p> <p>Developmental Disability Protective Services (503) 557-2874 <i>Abuse and neglect reporting regarding adults with developmental disabilities</i></p> <p>Mental Health Protective Services (503) 650-3000 <i>Abuse reporting regarding adults with mental health diagnoses</i></p> <p>Military Helpline (888) 457-4838</p> <p>Suicide Lifeline/Lines for Life (800) 273-8255</p>	<p>HOUSING RESOURCES Community Development Division (503) 655-8591 <i>Home repair grant and loan programs</i></p> <p>Coordinated Housing Access 503) 655-8575 <i>Resources and problem solving for persons who are homeless or in a housing crisis</i></p> <p>Foreclosure Helpline, Legal Aid (503) 227-0198</p> <p>Housing Authority (503) 655-8267</p> <p>Housing Rights and Resources Program (503) 650-5750 <i>Landlord/tenant and housing discrimination issues</i></p> <p>Rent Well (503) 650-5647 <i>Help overcoming rental screening barriers</i></p> <p>Weatherization (503) 650-3338</p>

APPENDIX Q

Portland Metro Area Sex Trafficking Resources

***4-HOUR CRISIS & HELP LINES**

Il to Safety.....	503-235-5333
Dept. of Human Services (DHS) Child Abuse & Neglect Reporting.....	503-731-3100
Mult. Co Mental Health Line.....	503-988-4888
Suicide Prevention Line.....	1-800-273-8255
Alcohol & Drug Helpline.....	503-244-1312
211info.....	211
<i>Information & referral for community services</i>	
National Human Trafficking Hotline.....	1-888-373-7888
National Center for Missing and Exploited Children.....	1-800-843-5678

SEX-TRAFFICKING SPECIFIC PROGRAMS

Call to Safety**.....	503-235-5333
<i>24/7 emotional and crisis support, safety planning & referral; Advocacy & case management; Emergent and stabilization housing navigation</i>	
New Avenues for Youth**.....	503-258-7081
<i>Mentorship, skill building & case management; Housing navigation</i>	
Raphael House**.....	503-222-6222
<i>Prevention</i>	
Lifeworks NW (LWNW)*.....	503-645-9010
CSEC & Intensive Community-based Treatment Services	
<i>Mental health services for youth ages 6+</i>	
New Options for Women.....	503-761-5272 x 5614
<i>Mental health & substance use services for female-identified adults ages 18+</i>	
Morrison Child & Family Services SAGE*.....	503-258-4200
<i>Secure residential & stabilization services for female-identified youth 11-16yo</i>	
Door to Grace*.....	503-747-5474
<i>Christian day program and mentorship for female-identified youth 14-17yo</i>	

ADVOCACY

Il to Safety*.....	503-235-5333
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SEX-TRAFFICKING SPECIFIC SUPPORT GROUPS

New Avenues for Youth**.....	503-258-7081
<i>Community and skill building activities and resource sharing, ages 12-25</i>	
LWNW New Options for Women (NOW)*.....	503-761-5272 x 6935
<i>Groups for female-identified adults ages 18+</i>	

RUNAWAY & HOMELESS YOUTH CONTINUUM SERVICES

Runaway Youth Services.....	503-233-8111 (Portland) or 503-912-3423 (East)
Janus Youth Programs Harry's Mather & Reception Center	
Garfield House	
<i>Crisis shelter & family counseling for youth 9-17yo</i>	
Homeless Youth Access Center.....	503-432-3986
Janus Youth Programs (Porch Light, Street Light, Bridge House, Changes),	
New Avenues for Youth*, Outside In, NAYA	
<i>Variety of shelter, housing, case management & other services for youth 17-24 yo</i>	

EDUCATION & EMPLOYMENT RESOURCES

Dress for Success.....	503-249-7300
<i>Career preparedness services, including professional clothing for female-identified adults</i>	
Job Corps.....	1-800-733-5627
<i>Education and training program for youth 16-24yo</i>	
New Avenues for Youth*	
<i>Education prep and re-engagement for youth 17-24yo</i>	
<i>Job training and employment for youth 17-24yo</i>	
SE Works & WorkSource.....	503-772-2300
<i>Education and employment services for adults and youth</i>	
le X Homeless Student Services.....	503-916-5770

*Sex-Trafficking Specific Programs

**New Day Partnership

MENTAL HEALTH & SUBSTANCE USE SERVICES, THERAPEUTIC SUPPORT

Central City Concern (CCC) Recovery Centers.....	503-944-4410
<i>Addiction services for adults</i>	
Cascadia Behavioral Health.....	503-674-7777
<i>Mental health & addiction services for adults</i>	
CODA.....	503-239-8400
<i>Residential and outpatient addiction services for adults</i>	
DePaul Treatment Centers, Inc.....	503-535-1151
<i>Detox, residential and outpatient services for youth 13-17yo</i>	
Hooper Detox.....	503-238-2067
<i>Detox services for adults</i>	
Lewis & Clark Community Counseling.....	503-768-6320
<i>Counseling services for adults</i>	
Lifeworks NW.....	503-645-9010
CSEC & Intensive Community-based Treatment Services*	
New Options for Women*.....	503-761-5272 x 6935
<i>Residential mental health and addiction services for female-identified adults</i>	
Morrison Child & Family Services SAGE*.....	503-258-4200
Native American Rehabilitation Association (NARA)	
<i>Adult residential addiction services.....</i>	
<i>Adult outpatient addiction services.....</i>	
<i>Youth outpatient addiction services.....</i>	
New Avenues for Youth Recovery Oriented Support & Engagement (ROSE)*	
<i>Youth/young adult recovery, mental health supports</i>	
Project Network.....	503-528-2140
Quest Center for Integrative Health.....	503-238-5203
<i>Mental health and addictions services for adults</i>	
Tobacco Quit Line.....	1-800-784-8669
White Shield Wildflowers.....	503-731-3970
<i>Residential treatment program for female-identified youth 12-18yo</i>	

MEDICAL & DENTAL RESOURCES

Cascade AIDS Project.....	503-223-5907
CAREAssist.....	971-673-0144
<i>Assistance with HIV/AIDS medication for low income individuals</i>	
Central City Concern (CCC) Health Service.....	503-228-4533
Child Abuse Response and Evaluation Services (CARES) NW*.....	503-276-9000
Downtown Women's Center.....	503-224-3435
<i>Sexual and reproductive health, family planning services</i>	
Kaiser Permanente.....	1-800-813-2000
Mult. Co. Health Clinics.....	503-988-5558
HIV Clinic.....	
STD Clinic.....	
Mult. Co. Dental Access.....	503-988-6942
<i>Routine and urgent dental care</i>	
National University of Natural Medicine (NUNM).....	503-552-1515
<i>Naturopathic and integrative medicine for low income/uninsured individuals</i>	
OHSU	
Richmond clinic.....	
Walk-in Clinic @ 4212 SE Division.....	
<i>Primary medical care for homeless or uninsured individuals</i>	
Oregon Health Plan.....	1-800-359-9517
Outside In.....	503-535-3860
<i>Medical services and needle exchange for youth 25 & under</i>	
Planned Parenthood.....	888-875-7820
Prescription drug assistance.....	1-800-913-4146
Quest Center for Integrative Health.....	503-238-5203
Ride to Care.....	1-855-321-4899
<i>Non-emergency medical transport for individuals and families with OHP</i>	
SafeNet.....	1-800-SAFE-NET
<i>Statewide health referrals</i>	
Sexual Assault Nurse Examiner (SANE) practitioners.....	Kaiser, Legacy, OHSU
Social Security Administration.....	1-800-772-1213

PARENTING/FAMILY RESOURCES

Early Intervention/Early Childhood Special Education.....	503-947-5703
<i>Services for children with disabilities birth through age 2</i>	
Dept. Human Services (DHS) Self-Sufficiency.....	971-673-2748
<i>Food stamps (SNAP), TANF, OHP, JOBS</i>	
Employment Related Day Care.....	971-673-2411
WIC.....	503-988-3503
Head Start.....	503-947-0867
<i>Childhood development programs for low income families with youth 3-5yo</i>	
Insights Teen Parent Program.....	503-239-6996
LWNW Children's Relief Nurseries	
St. Johns Site.....	503-283-4776
Mill Park Site.....	503-564-0164
Multnomah Childcare & Referral.....	503-548-4400
Pathfinders Center for Family Success.....	503-286-0600
<i>Support & education for families experiencing re-entry</i>	

CULTURALLY-SPECIFIC SERVICES

Door to Grace*.....	503-747-5474
<i>Christian day program and mentorship for female-identified youth 14-17yo</i>	
EI Programa Hispano & UNICA.....	503-669-8350 (Portland) or 503-231-4866(East)
<i>Wraparound services for Latinx individuals & families; DV, ST/HT services</i>	
Healing Roots Center.....	503-595-9591 x 308
<i>Advocacy and wraparound services for African & African American individuals & families fleeing domestic violence</i>	
IRCO.....	503-234-1541
<i>Advocacy & wraparound services for immigrant & refugee individuals & families</i>	
NARA.....	503-224-1044
<i>Mental health and addiction-focused services for Native American individuals & families</i>	
YA Family Center Healing Circle.....	503-288-8177
<i>Wraparound services for Native American individuals & families</i>	
Refugee Care Collective.....	707-409-0572
<i>Mentorship, mobile ESL tutoring, and transition support</i>	
Russian Oregon Social Services.....	503-777-3437
<i>Advocacy and wraparound services for Russian community members</i>	
Self Enhancement, Inc.....	503-285-0493
<i>Wraparound services and community support for African & African American individuals, youth & families</i>	

LGBTQ

Bradley Angle Intimate Partner Violence LGBTQ Program.....	503-595-9591
Outside In/Trans Clinic/ID Project.....	503-535-3828
Pivot/Cascade AIDS Project.....	503-445-7699
<i>Support services for MSM & male-identified transgender adults</i>	
Q Center.....	503-234-7837
<i>Social support and events</i>	
New Avenues for Youth SMYRC.....	503-872-9664
<i>Community and skill building services for youth ages 12-23</i>	

DOMESTIC & INTIMATE PARTNER VIOLENCE SERVICES & SHELTERS

Bradley Angle Shelter.....	503-281-2442
Call to Safety*.....	503-235-5333
<i>24-hour emotional support and safety planning, resource referral</i>	
Gateway Center for DV Services.....	503-988-6400
<i>Drop-in center for advocacy, access to/referral for shelter and housing, and other services for adults and families</i>	
Raphael House Shelter & Advocacy Center*.....	503-222-6222
Salvation Army West Women's & Children's Shelter.....	503-224-7718
Volunteers of America Home Free.....	503-771-5503
<i>Advocacy services for adults and families</i>	
YWCA.....	503-294-7400
<i>Housing services for adults and families</i>	

HOUSING & HOMELESS FOR ADULTS

Central City Concern.....	503-525-8483
Community Warehouse.....	503-445-1449
<i>Furniture by referral from partnering agency</i>	
Human Solutions Eviction Prevention Hotline.....	503-907-2795
Human Solutions Family Center Shelter.....	503-477-9724
JOIN.....	503-231-2031
<i>Showers, laundry, phone, internet & mail</i>	
Oxford House.....	844-646-7529
<i>Affordable, shared recovery houses for adults & children</i>	
Portland Homeless Family Solutions (PHFS).....	503-915-8306
Portland Rescue Mission.....	503-906-7690
<i>Shelter for male-identified adults</i>	
REACH Community Development.....	503-231-0682
Rose Haven.....	503-248-6364
<i>Drop-in center services for female-identified individuals and children</i>	
Salvation Army Female Emergency Shelter (SAFES)*.....	503-227-0810
Transition Projects, Inc.....	503-280-4700
<i>Housing support and day center services, including IDs</i>	

UTILITIES ASSISTANCE

Heat Oregon.....	503-612-6300
Human Solutions Assistance Hotline.....	503-405-7877
Impact NW.....	503-988-6020
Low Income Energy Assistance Hotline.....	1-800-453-5511
SEI Community Services.....	503-240-0828

LAW ENFORCEMENT

Emergency.....	911
Gresham Police.....	503-618-2318
Multnomah County Jail Release Info.....	503-988-3689
Multnomah County Sheriff's Office.....	503-255-3600
Non-emergency Police Response.....	503-823-3333
Sex Trafficking Unit Tip Line*.....	503-255-0118
VINE (Jail/Prison/Corrections Information).....	1-877-OR-4-VINE

MULTNOMAH COUNTY COURTS

Child Support Enforcement.....	503-988-3150 (Portland) or 503-988-5321 (East)
Multnomah County Courts.....	503-988-3022
<i>Restraining orders and other protective order information</i>	
Multnomah County District Attorney's Office.....	503-988-3162
Oregon Crime Victim's Compensation.....	1-800-503-7983
Outreach for Underserved Populations.....	503-988-5419
Victim's Assistance Office.....	503-988-3222

CIVIL & FAMILY LEGAL SERVICES

Child Support Helpline.....	1-800-850-0228
Legal Aid Family Law Hotline.....	503-299-6101
Legal Aid Multnomah County Office.....	503-224-4086
Mult. Co. Family Court Self-Help Center.....	503-988-4003
Oregon Crime Victim Law Center.....	503-208-8160
Oregon State Bar Lawyer Referral and Modest Means Program.....	1-800-452-7636
St. Andrews Legal Clinic.....	503-281-1500
Volunteers of America Court Care.....	503-988-4334

IMMIGRATION REPRESENTATION

Catholic Charities Immigration Services.....	503-542-2855
EI Program Hispano.....	503-669-8350
Immigration Counseling Services.....	503-221-1689
Lutheran Community Services NW.....	503-231-7480
SOAR.....	503-284-3002

APPENDIX R

Guide to Speaking with Human Trafficking Victims

Guide to Speaking with Human Trafficking Victims

What to say to victims of commercial sexual exploitation

1) Gain Rapport

- **Explain role and lack of judgement**
- **Small talk**
- **Jokes if appropriate**
- **Express genuine respect for them and explain that you are asking them some questions because you care (They will not risk their life to talk to you unless its worth it to do so. If you don't care, it isn't worth it).**

2) Engage in First Tier Questions:

"What brings you to be at this (hotel, motel, club, "track", back seat of a car, etc. etc.) today?"

"Do you live at the address on your ID? Is that where you sleep at night or just where you get your mail? If its not up to date tell me more about where you actually stay/ sleep"

(If from out of the area/state) "How do you like Oregon? (Insert area specific questions to gauge whether or not they actually know the area well). What brings you to the area? How long have you been visiting? What are your plans while you are here? How are you paying for this trip? What kind of transportation did you take to get here and how will you be getting home?"

"How do you get by? How do you make money or get the things you need to survive? Tell me about your job or livelihood?"

"Tell me about your support system. Who knows you are out here and who supports you because I/we know it can be dangerous out here and that for that reason often girls don't work alone."

"Who protects you out here? Who helps you get to dates? Does anyone help you post online?"

3) Motivational Interviewing & Praise = Rapport Strengthening:

- **Reflective listening and using their words mirrored back at them**
- **Use honest compliments. Name strengths**
- **Validate feelings**

- *Name discrepancies.*
- *Sit with discomfort*

4) Engage in Second Tier Questions:

"Tell me about how you got into the game/life. How long have you been in the game/life?"

"Would you say that happened by choice? Was it what you wanted? Were you jumped/sexed/broken in?"

"I hear from a lot of people in the game that they have unfortunately experienced "bad dates". Have you had any bad dates?"

"So we talked a bit about your support system. Who protects you? Do you have any kind of self-protection plan? Or a person who takes on that role to keep you safe?"

"Does that person manage you?"

"I know a lot of people define this particular person in their life in many different ways. What do you call him? For example; you might call him a boyfriend, coach, guidance counselor, sugar daddy, or a daddy, or even the word you probably don't want me to say the "p word" (joke)."
(Note: Most of the time DO NOT use the word pimp even as a joke. It will usually scare a girl off from disclosing and shut them down as they have been told not to "snitch" on their pimp. However on rare occasions someone may be clearly open about the pimp dynamic in their life, in which case asking them to tell you more about their pimp may allow you to gain significantly more knowledge about acts of force, fraud, and coercion.

5) If they do have a person that plays any of the roles above then ask the following:

"Do you know about the rules of the game? Did this person teach you about the rules? Do they enforce them?"

"Does this person help you with your money or finances? Like hold your money for you? How much of what you make do they hold on to for you/ manage?"

"What would happen if you didn't give them the money?"

"What would happen if you decided you didn't feel like posting or were done for the night?"

"If you wanted to give it all up and walk away from the game, what would happen? How would this person treat you?"

"I'd love to let you talk to some friends of mine, called advocates."

"Advocates meet with people who are in similar circumstances to your own, and offer confidential support. So you have someone else in your corner. It is a very dangerous world with tricks out here. Even if you don't feel like you need the support yet, better be safe than sorry and learn about the support options available to you and save the knowledge for a rainy day, or for a friend. If you ever need to talk or want out of the game, whether its today, or tomorrow, or 2 years from now, these advocates can support you in that and find you the resources to take that big leap of faith to get out."

"I believe you deserve better than the lack of respect I know you are getting out here on these streets."

"I see that its been hard for you. That how you came to be in this moment has note been easy. I see you"

"I believe in your inerrant worth."

"I want to help you be/get safe."

APPENDIX S

Clackamas County Human Trafficking Multi-Disciplinary Team Inter-Agency Agreement