This model protocol template was created through the collaborative efforts of the Oregon Department of Justice Child Abuse Multidisciplinary Intervention (CAMI) Program and Oregon Child Abuse Solutions. The project would not have been possible without the expertise of the CAMI Advisory Council and Oregon Child Abuse Solutions. Portions of the Deschutes, Lane, Linn, Marion, and Washington County protocols were integral to the creation of this document. These guidelines offer a suggested format that meets the requirements of the CAMI Program and includes the best practices outlined in the 2023 edition of the National Children's Alliance Standards for Accredited Members to include the NCA 2025 Updates. County MDTs are invited to use this template if they find it helpful in crafting their local protocols.

Key:

- Yellow highlighted areas need to be filled in by all CACs/MDTs utilizing this template.
- Green highlighted areas must be included to meet the 2023 NCA Standards. Regardless of accreditation status, it is highly recommended that all Oregon CACs/MDTs demonstrate minimum best practice standards.
- Pink highlighted areas reflect the 2025 Updates made to the NCA Standards in response to the current administration's directive to eliminate DEI requirements from federally funded programs/projects. NCA updated and the United States' Department of Justice Approved the updates.
- Blue highlighted areas are [INSTRUCTIONS TO MDT]
- Live Links: There are live links in this document. To access the content, hold the control button and click on the link.
- Table of Contents:
    - As you add to your protocol sections (Yellow and Green highlighted areas) your Table of Contents will need to be updated to reflect the new page numbers. To do this, click on the "Reference" tab, click on "Update Table" and then select "Update Entire Table"
    - To jump to a specific page number in your Table of Contents, hold the control button and click on the page you wish to navigate to. This will immediately take you to that page number without having to scroll through the document.

[NAME OF COUNTY] COUNTY MULTIDISCIPLINARY CHILD ABUSE INTERVENTION PROTOCOLS

REVIEWED AND UPDATED: [##/##/##]

[NAME OF COUNTY] COUNTY
MULTIDISCIPLINARY CHILD ABUSE INTERVENTION
Protocols

Table of Contents

FOREWORD

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

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

[NAME OF COUNTY] CHILD ABUSE MULTIDISCIPLINARY TEAM INTERVENTION PROTOCOLS

MISSION STATEMENT

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

STATUTORY PURPOSE

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

In [name of County] County the District Attorney (DA) has designated [insert agency and/or individual] as the Chair and [insert agency and/or individual] as Coordinator of the MDT. [In a short paragraph describe the MDT's Chair and Coordinator's relationship to one another *note: for NCA accreditation purposes, include a description of the relationship to the CAC and the CAC's commitment to its community partners.]

MULTIDISCIPLINARY TEAM (NCA Standard 1)

An MDT is a group of professionals from specific, distinct disciplines that collaborates from the point of report and throughout a child and family's involvement with the investigation and/or

prosecution or a report of child abuse. MDTs coordinate investigations and service delivery to mitigate potential trauma to children and families, to maintain communication and transparency, to foster trust, and to help optimize a quality response overall, while preserving and respecting the rights of the clients, and the mandates and obligations of each agency. [Name of county] County's MDT for responding to child abuse allegations includes representation from the following:

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

[Name of county] County MDT coordinates intervention to reduce potential trauma to children and families and improve services overall, while preserving and respecting the rights, mandates and obligations of each agency.

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

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

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

Examples of training topics could include:

1. Developing and maintaining relationships with and among MDT members
2. Defining roles and responsibilities of team members
3. Defining mission, vision, and values of the MDT
4. Managing change and turnover on the MDT

5. Navigating and resolving conflict
6. Knowledge of evidence-informed team development models
7. Facilitating shared decision-making
8. Ensuring adherence to MDT agreements and protocols
9. Understanding of the various meeting structures that support effective teams
10. Facilitating effective communication processes
11. Creating psychological safety
12. Training in implicit bias and how it impacts the MDT
13. Building resilience for the MDT

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

MDT training requirements ORS418.747 (3) Each team member and the personnel conducting child abuse investigations and interviews of child abuse victims shall be trained in risk assessment, the dynamics of child abuse, child sexual abuse and rape of children, and forensic interviewing.

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

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

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

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

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

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

[Discuss how information sharing is communicated among MDT members and how confidential information is protected. (For CAC accreditation: CAC must have written documentation describing how information is shared among MDT members and how confidential information is protected) Example: All MDT members as well as staff and volunteers of MDT member organizations, must adhere to the legal, ethical, and professional standard of practice in their field with regard to confidentiality, specific to their discipline, to include the Health Information Portability and Accountability Act (HIPAA) that govern this practice. Each MDT case review meeting includes a sign-in process in which a confidentiality statement is agreed to by all participants. (sample) The statement reads: Example: "MDT Meetings are confidential and not subject to public meetings law per ORS 418.747 and ORS 192.690. To assure a coordinated response that fully addresses all systemic concerns surrounding child abuse, MDT members and guests may need to share confidential information about children and families. With this purpose in mind, I agree, in signing this attendance sheet and confidentiality statement that all information disclosed and received during the MDT review will remain confidential and will only be disclosed when necessary to carry out the purposes of the child abuse investigation."]

The CAC provides routine opportunities, both formal and informal, for MDT members to give feedback and suggestions regarding procedures or operations of [name of county] MDT. The MDT utilizes [identify and describe any ways, formal and informal, the MDT is doing this including but not limited to the Outcome Measurement Survey tool (which is a survey tool designed by the National Children's Alliance and distributed to its member centers) or CVSSD's Common Outcome Measures (e.g. team satisfaction surveys, suggestion boxes, MDT meeting specifically for this purpose, etc.)

The MDT fosters opportunities for open communication to create an atmosphere of trust and respect and to enable MDT members to share ideas and raise concerns.

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

CRIMINAL PROSECUTION OF CHILD ABUSE CASES

Pre-filing Investigation

- Investigation of child abuse cases is done by members of the MDT.

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

Initiation of Criminal Proceedings

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

If prosecution is declined:

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

If prosecution is accepted:

- The DA's Office has the sole responsibility for the determination of appropriate charges to file and/or submit to the Grand Jury for consideration.
- This responsibility is independent of whether or not the suspect was arrested and what, if any, charges were the basis of arrest.
- The act of filing charges is not a commitment to pursue the charges where new or additional charges preclude the likelihood of conviction or otherwise affect the achievement of a just result. Expert testimony will be used as determined by the DA's office.

Grand Jury:

- It is recognized that Grand Jury preparation is limited due to time constraints.

- When appropriate the victim may be called to testify.
- It is important that the victim and victim's family understand that any video recorded interview at [insert name of county-specific CAC] may not be able to be used in lieu of live testimony.
- Absent a court order, no persons besides the DA (and an interpreter if necessary) shall accompany a child victim or witness in the Grand Jury room while the child is testifying before the Grand Jury.
- No person accompanying a child victim or witness at the Grand Jury shall participate in any way during the proceeding.
- If ODHS has legal custody of the child victim or witness:
    - The DA will notify ODHS of the Grand Jury date and time;
    - If the child is in the physical custody of a parent or relative or in non-relative foster care, the DA should also notify the physical custodian.
    - The caseworker will need to facilitate attendance of the child and arrange transportation;
    - A caseworker should ensure the child is present at the DA's Office in a timely manner in order to facilitate pre-Grand Jury meeting with the DA;
    - The caseworker may attend the meetings with the child at the DA's discretion;
    - The caseworker may briefly explain the Grand Jury process to the child but the DA will fully explain the process; and
    - The caseworker and the DA should communicate to support the child's participation in the Grand Jury Process.
    - When access to the child is hindered, the DA should decide how to proceed after conferring with the caseworker and investigator.
    - If ODHS is not involved, [describe who will coordinate attendance] will coordinate attendance.
    - The DA shall personally accompany the child witnesses and victims to and from the Grand Jury room.
    - The DA may advise the child, supportive family members, and concerned agency persons of the outcome of Grand Jury proceedings, as allowed by law.

Criminal Trials

- Presentation of the State's case is the responsibility of the DA.
- Evidentiary considerations are the responsibility of the DA.
- The DA will determine the ability and competency of any child witness to testify at trial.
- All MDT members shall fully coordinate and cooperate with the trial proceedings.
- In most circumstances, the child victim will be required to testify at trial. The DA's office will consider the child in determining how to notify the child about appearance at trial.
- If the child is in the legal custody of ODHS, the DA and ODHS will coordinate the child's appearance at trial.
- All witnesses are prepared for trial by and at the direction of the DA. This includes ODHS and LEA representatives.
- The DA's Office will contact ODHS or parent(s) as appropriate to arrange for preparation of child witnesses and child victims.

- The DA and ODHS or victim assistance staff will help determine support persons available for the child, non-offending parent or guardian, and other witnesses, which may include the child's therapist.
- The DA, victim assistance staff, and other support persons will work with the child victim to prepare the witness for testifying.
- If the child victim or child witness is in the legal custody of ODHS, the DA's Office should consult with ODHS about the child's needs, including support, preparation for testimony, and transportation.
- ODHS and victim assistance staff may help with meeting any special needs of the child victim (or non-offending parent/guardian and other testifying witnesses).

Juvenile Court Proceedings- Delinquency Cases:

- A copy of the LEA report shall be sent to ODHS immediately.
- ODHS and LEA may disclose child abuse reports to each other, and the DA's office as required or permitted by state statute.
- If a juvenile victim age 12 or older is also the suspect in a non-Measure 11 case, the assigned DA shall decide whether a petition should be filed. This decision should be made after consultation with the [insert county name] Juvenile Department.
- In Measure 11 cases, it shall be the sole responsibility of the DA's Office to determine charges.
- ODHS and Juvenile Department policies should establish practice guidelines for representatives of those agencies regarding hearings involving juvenile court jurisdiction and disposition in delinquency matters.
- If a juvenile suspect of sexualized behavior is under 10 years of age, any reports of such behavior may be referred to the Problematic Sexual Behavior Committee (PSBC). If the juvenile suspect is age 10 or 11, such reports shall be forwarded to the PSBC. [INCLUDE THIS SECTION ONLY IF YOUR COUNTY HAS SUCH A COMMITTEE]

Juvenile Court Proceedings - Dependency Cases:

- ODHS may determine through the course of an assessment that legal intervention through the dependency system is warranted.
- ODHS may consult with the ODOJ during any part of the assessment for legal advice.
- ODOJ will provide legal advice on a case-by-case base after a staffing scheduled during business hours. This staffing and advice is protected by attorney-client privilege.
- If legal intervention through the dependency system is warranted, ODHS and ODOJ will follow established protocols to initiate a juvenile court proceeding pursuant to ORS 419B.100.
- At all hearings where ODHS has either protective custody or legal custody, the ODOJ will represent ODHS.
- Even if ODHS is the petitioner, it is only a party to a dependency proceeding if it has temporary custody.
- The county DA's office and the Juvenile Department are parties in every dependency case and are entitled to all the rights and obligations that come with being a party.
- ODHS, ODOJ and the county DA's office should work collaboratively to protect the child through the dependency and criminal systems. Collaboration may involve sharing information about pending and ongoing ODHS and LEA investigations, as well as the

status of any criminal proceeding. Each system has different obligations and goals and when the requirements of each system are in opposition, the safety and wellbeing of the child shall be of paramount concern.

- Under Oregon law, any person may file a petition.

FORENSIC INTERVIEW (NCA Standard 2)

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

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

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

Forensic interviews are provided by [name of CAC] staff and/or MDT members with specialized training in conducting forensic interviews.

All forensic interviewer(s) conducting forensic interviews at [name of CAC] have at a minimum a [list required credentials and/or work experience here], in compliance with ORS 419B.021 http://www.oregonlaws.org/ors/419B.021 and have successfully completed the NCA approved Oregon Child Forensic Interview Training (OCFIT) or pending completion of OCFIT has successfully completed another NCA approved Forensic Interviewer training that includes the following elements:

1. Minimum of 32 hours of instruction and practice

2. Evidence-supported interview protocol
3. Pre- and post-testing that reflects understanding of the principles of legally sound interviewing
4. Content that includes: child development, question design, implementation of protocol, dynamics of abuse, disclosure process, cultural competency, and suggestibility
5. Practice opportunities with a standardized evaluation process
6. Required reading of current articles specific to the practice of forensic interviewing.

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

MDT protocol for the following items:

1. **Case acceptance criteria: [**Describe the CAC's case acceptance criteria.]

2. **Criteria for choosing an appropriately trained interviewer (for a specific case):** [Describe the criteria the CAC uses for selecting an appropriately trained interviewer for children to be scheduled for a forensic interview at the CAC]

3. **Personnel expected to attend/observe the interview:** Law Enforcement and ODHS anytime a case is open to the department. [List any additional personnel expected to attend/observe the interview.]

4. **Preparation, information sharing and communication between the MDT and the forensic interviewer:** [Describe how this is done. i.e., bug in ear, break in interview.]

5. **Use of interview aids: [**Describe the use of interview aids such as paper, crayons, pens, easel, diagrams, anatomically correct dolls, etc.]

6. **Use of interpreters: [**Describe when and how an interpreter would be used in a forensic interview.]

7. **Recording and/or documentation of the interview:** [Describe how the forensic interview is recorded and/or documented.]

8. **Interview methodology (i.e., state or nationally recognized forensic interview training model(s)):** The interviewer will follow the nationally recognized Oregon Interviewing Guidelines.

9. **Introduction of evidence in the forensic interviewing process: [**Describe the process for introducing evidence into the forensic interview.]

10. **Sharing of information among MDT members: [**Describe how information sharing occurs among the MDT members.]

11. **A mechanism for collaborative case coordination: [**Describe the CAC/MDT mechanism for collaborative case coordination.]

12. **Determining criteria and process by which a child has a multi-session or subsequent interview: [**Describe the criteria and process used to decide if a child has a multi-session or subsequent interview.]

13. **The use of technology for remote live observation of the forensic interview using a secure method (if applicable):** [Describe how this is done if applicable]

14. **The criteria and process for the use of tele-forensic interviews (if applicable):** [Describe how this is done if applicable]

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

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

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

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

[Name of CAC] staff and MDT partners coordinate information gathering including history taking, assessments, and forensic interview(s) to avoid duplication.

VICTIM SUPPORT AND ADVOCACY (NCA Standard 3)

Victim support and advocacy is fundamental to the MDT response. Comprehensive victim

support and advocacy services are provided by the MDT including [name of CAC] advocates in collaboration with the [Name of County] County District Attorney's Office Victim Assistance Program advocates. [If other victim service agencies are providing services to CAC clients list here.] All Victim Advocates who provide services to child clients have specialized training in victim advocacy and have successfully completed a minimum of 40 hours of instruction including, but not limited to:

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

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

Victim Advocacy includes the following constellation of services:

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

and help ensure understanding of crime victims' rights

9. Participation in case review for cases under investigation to communicate and discuss the unique needs of the child and family and associated services planning; and help ensure the coordination of identified services and that the child and family's concerns are heard and addressed
10. Provision of updates to the family on case status, continuances, dispositions, sentencing, inmate status notification (including offender release from custody)
11. Provision of court education and support, including court orientation and accompaniment

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

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

Coordinated case management occurs with all individuals providing victim advocacy services to CAC clients. [Name of CAC] victim advocates regularly communicate and collaborate with representatives from the Victims' Assistance Program. Communication and collaboration about individual cases occur [Describe how coordinated case management meetings with all individuals providing victim advocacy services occurs.]

To ensure all cases reviewed by MDT receive access to all services available, and in order to ensure that the families receive the support necessary to overcome the issues arising from abuse, a [Name of CAC] Victim Advocate and Victim Advocate from the [Name of County] County Victims' Assistance Program [If other victim services agencies are providing services to CAC clients and are expected to participate in MDT list here] actively participate at all MDT Case Review meetings.

MEDICAL EVALUATION (NCA Standard 4)

The purpose of a medical evaluation is to medically assess the child with concerns of maltreatment in order to ensure the health, safety and wellbeing of the child. This includes the diagnosis and treatment of possible sexual abuse, physical abuse, or neglect. Specialized medical evaluations and treatment services are available [describe medical evaluation services are on-site and/or through linkage agreement(s), or both. If through linkage agreement, identify medical provider (s)] for [name of CAC] clients regardless of ability to pay and are coordinated as part of the MDT response.

Children who have experienced various forms of maltreatment benefit from comprehensive

forensic medical evaluation by a provider with specialized training to assess injury, infection, physical and emotional well-being. The collection and documentation of possible forensically significant findings are vital. However, the referral of children for medical examinations should NOT be limited to those for whom forensically significant information is anticipated. The purpose of a medical examination is for the diagnosis, treatment, protection and reassurance of the child. For information on Karly's Law see [page #].

All children who present with concerns of child abuse who are referred to [name of CAC] will have access to a medical evaluation. [Describe the circumstances under which a medical evaluation for child abuse is recommended.]

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

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

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

In addition to the Training and Eligibility Standards for Training (above), the [name of CAC] medical providers must also meet Continuous Quality Improvement (CQI) standards described below.

Continuous Quality Improvement (CQI) for the medical component of [name of CAC] includes:

- The medical provider must be familiar and up-to-date with published research studies on findings in abused and non-abused children, sexual transmission of infections in children, and current medical guidelines and recommendations from national professional organizations such as the American Academy of Pediatrics Committee on Child Abuse and Neglect, American Professional Society on the Abuse of Children, and the Centers for Disease Control and Prevention.

- Medical professionals providing services to [name of CAC] clients must demonstrate continuing education in the field of child abuse consisting of a minimum of 8 hours every 2 years of CEU/CME credits.

- Medical professionals providing child sexual abuse evaluations to [name of CAC] clients must demonstrate, that all findings deemed abnormal or "diagnostic" of trauma from sexual abuse have undergone expert review by an "advanced medical consultant".

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

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

Medical findings are documented in a written report and photo-documentation. Medical records storage is HIPAA compliant. The medical records storage is secured, sufficiently backed up and accessible to authorized personnel in accordance with all applicable federal and state laws. [Describe how this is done by the CAC on-site and/or through linkage agreement and also include how records are stored and/or maintained.]

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

- [Describe the circumstances under which an emergency medical evaluation for child abuse is recommended and procedure that LE and/or ODHS should follow.]

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

Findings of the medical evaluation are shared with the investigative team in a routine, timely and meaningful manner, as well as presented and discussed at the next scheduled case review. [Describe how findings of the medical exam are communicated to the MDT. For example: If there are significant findings, (name of CAC) medical examiner will contact the lead LE investigator and ODHS worker immediately following the exam by phone. Otherwise, a written report will go to LE and ODHS within 2 weeks of the medical evaluation, etc.]

MENTAL HEALTH (NCA Standard 5)

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

Mental health services for children referred by the MDT will be provided (the language below in green reflects the requirement for NCA accreditation, please use this language or provide a description of how your MDT will provide mental health services for children referred by the MDT) by professionals with training in, and who deliver, trauma-focused, evidence-supported,

mental health treatment. All mental health providers, whether providing services at the CAC or by referral and linkage agreement with outside individuals and agencies, must meet the following:

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

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

Training Requirement

- The CAC must demonstrate its mental health provider(s) has completed 40 contact hours in training and consultation calls to deliver an evidence-supported mental health treatment to children who have experienced trauma from abuse. (Examples include TF-CBT, PCIT, AF-CBT, CFTSI, EMDR, CPP — see "Putting Standards into Practice"). Training programs that include fewer than 40 hours (including consultation calls) may be supplemented with contact hours in evidence-based assessment.

Clinicians providing mental health treatment must demonstrate completion of continuing education in the field of child abuse consisting of a minimum of 8 contact hours every 2 years.

Evidence supported trauma focused mental health services for the child client are consistently available and include:

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

[Please provide specific detail regarding how mental health services are delivered.]

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

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

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

[Please provide specific detail regarding how these supportive services are delivered.]

Clinicians providing mental health treatment to [name of CAC] clients must participate in ongoing clinical supervision and/or consultation. [Describe how clinical supervision/consultation occurs for on-site therapists and/or for those clinicians providing services through linkage agreements. See standards for acceptable options.]

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

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

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

CASE REVIEW AND COORDINATION (NCA Standard 6)

Case review, an intentional forum for the purpose of reviewing, collaborating, and coordinating cases under investigation is conducted at least once a month. It is a formal process that enables the MDT to monitor and assess its independent and collective effectiveness to ensure the safety and well-being of children and families. Case review serves multiple purposes:

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

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

Case reviews are coordinated and facilitated by [insert position and agency] Case reviews occur [insert how often and on what day] and routinely take place at the [name of agency] located at [insert street address and city]. Agency representatives who actively participate in case review must include, at a minimum are [name of CAC] staff, LEA personnel/staff from [list police agencies], ODHS, DA(s) and victim advocate(s) from (name of county) District Attorney's Office, medical, forensic interviewer, mental health and victim advocates, [name of district] School staff, [name of county] County Public Health, County Mental Health, Juvenile Department (if available), Oregon Department of Justice, and Early Intervention personnel when required by Karly's Law. MDT members are strongly encouraged to attend case reviews in person whenever possible. Special arrangements can be made for phone/or virtual attendance when necessary.

The MDT will review cases under investigation based on the following criteria: [List case review selection criteria here]. In addition, any MDT member may refer a case for review when there are concerns for abuse by contacting [name of county] County MDT Chair or Coordinator by phone or email.

The MDT Coordinator will notify agency representatives prior to the meeting of cases to be discussed by providing a written agenda with a list of cases to be reviewed [describe how and when case review meeting notices, agendas and list of cases to be reviewed are distributed. It is recommended that agendas are distributed such that participants have a reasonable amount of time to prepare. Where cases have occurred very recently and MDT members wish to staff immediately, cases may be added to agendas at the meeting as needed.] At the beginning of each meeting an MDT Attendance sheet which includes a Confidentiality Statement is distributed. MDT members attending case review are required to sign in with their name, agency, and position to record their attendance and agreement that all information discussed in case review will remain confidential. The following confidentiality statement is signed by [name of county] County case review team members when signing into case review meetings. [Insert county confidentiality agreement here]

Case Review is an informed decision-making process with input from all MDT partner agency representatives. Review meetings will utilize a standard agenda, which includes opportunities to address the following components of each case:

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

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

After each case review, the MDT Coordinator and/or Facilitator will [describe procedures for how follow-up recommendations are addressed.] At the next review, those follow up steps are reviewed to provide updates on the case.

CASE TRACKING (NCA Standard 7)

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

Case tracking provides a mechanism for monitoring case progress throughout the multidisciplinary interagency response to final disposition. [describe the MDT's case tracking system]. The [MDT staff position] oversees the case tracking system. (To meet NCA accreditation requirements, the CAC must collect data from ODHS, LEA and the District Attorney's Office. Describe how the CAC's case tracking system collects outcome data from outside MDT partner agencies.)

[insert county] MDT tracks statistical information to minimally include the following data:

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

[Describe how the MDT tracks/captures the above listed data.]

MDT partner agencies may access case-specific information when needed to perform their official functions related to the specific case. MDT partners are required to maintain the confidentiality of any such case-specific information. MDT partners may access non-identifying

aggregate data for quality assurance, quality improvement, funding and research purposes through the [Identify CAC position, i.e., the Program Manager or Director, etc.]

For NCA accreditation purposes, please include the following CLIENT FEEDBACK:
[Name of CAC] uses [name or describe the system the CAC uses to evaluate client services eg OMS, VOCA Common Outcome Measures, client feedback survey] to evaluate client service delivery on an ongoing basis. Data from this survey is utilized to improve service delivery. [Describe how the CAC administers the above listed surveys]

ORGANIZATIONAL CAPACITY (NCA Standard 8)

[Name of CAC's] designated legal entity is, [Name of governing entity], [type of organization, i.e. incorporated private non-profit organization, government-based agency, or tribal entity,] established in [year], that ensures appropriate legal and fiduciary governance and organizational oversight. The role of this governing body is to oversee ongoing business practices of [name of CAC] including setting and implementing administrative policies, hiring, and managing personnel, obtaining funding, supervising program and fiscal operations, and long-term planning.

[Name of CAC] maintains, at a minimum current and general commercial liability, professional liability, directors' and officers' liability, and cyber liability as appropriate for the organization.

[Name of CAC] has written administrative policies and procedures that govern its administrative operations. Administrative policies and procedures include, at a minimum:

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

- Document retention and destruction policies
- Data security policies
- Confidentiality policies — HIPAA requirements

[Name of CAC]'s [budget is over $750,000 and therefore has an annual independent financial audit.] or [budget is between $200,000 and $750,000 and therefore must conduct a CPA-completed financial annual review.] or [budget is below $200,000 and therefore must maintain Board-approved financial statements.] Confidence in the integrity of the fiscal operations of [name of CAC] is critical to the long-term sustainability of the organization. Financial audits and reviews are tools to assess for fiscal soundness and internal controls for financial management.

Due to the sensitive and high-risk nature of the work, [name of CAC] has, and demonstrates compliance with, written screening policies for staff board members and volunteers that include national criminal background, sex offender registration, and child abuse registry checks and provides training and supervision to staff and volunteers. In discussion with its Board and MDT, [name of CAC] determines what is disqualifying in a background check.

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

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

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

To reduce employee burnout and improve employee retention, [name of CAC] promotes employee well-being by providing training and resources regarding the effects of vicarious trauma, techniques for building resiliency, and maintaining organizational and supervisory strategies to address vicarious trauma and its impact on staff. [Describe what the CAC does to address vicarious trauma of its employees.]

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

CHILD SAFETY AND PROTECTION (NCA Standard 9)

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

[Name of CAC] is a designated, task-appropriate facility which aligns to the following criteria:

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

[Name of CAC] has, and abides by, written policies and procedures that ensure separation of victims and alleged offenders.

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

[Name of CAC] makes reasonable accommodations to make the facility physically accessible.

- [Describe how the CAC makes reasonable accommodations to make the facility physically accessible. If the facility is ADA compliant then say, " The CAC'S facility is compliant with the Americans Disabilities Act and is physically accessible to clients and family members as needed.]
-

[Name of CAC] allows for live observation of interviews by MDT members.

- [Describe how the CAC allows for live observation of interviews by MDT members in a separate space from where the child is being interviewed.] There is an established mechanism in place so that MDT members can provide input and feedback during the forensic interview process.

Separate and private area(s) is available for confidential case consultation and discussion, meetings, and interviews, and for clients awaiting services.

- MDT members utilize spaces to assure a physically and psychologically safe environment for children and families, confidentiality, and respect for client privacy.

[Name of CAC] has implemented a code of conduct for staff and MDT members to ensure the safety of children and families. The code of conduct includes child abuse prevention practices. Staff members must receive and agree to the code of conduct. MDT members must be informed of the CAC's code of conduct and the expectation that it guides work within the CAC.

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

[Name of CAC] staff are mandatory reporters. Therefore, [Name of CAC] is required to ensure that mandated reporter training is provided to all staff and volunteers. Updates to state statutes and mandated reporter laws are also provided to staff and volunteers annually, if applicable.

ADDITIONAL OREGON SPECIFIC CAMI REQUIRED PROTOCOLS

KARLY'S LAW

Every MDT member shall review the "What You Need to Know About Karly's Law" training video and complete the online training annually.

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

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

1) Immediately photograph or cause to have photographed the suspicious physical injuries in accordance with ORS 419B.028. Photographs of anal or genital region may be taken ONLY by medical personnel.
    a) The person taking the photographs or causing the photographs taken shall, **within 48 hours or by the end of the next regular business day (whichever occurs later):**
        i) Provide hard copies of prints of the photographs and, if available, copies of the photographs in an electronic format to [insert county DMP name] (secure email address is [insert email address] and
        ii) Place hard copies or prints of the photographs and, if available, copies of the photographs in an electronic format in any relevant files pertaining to the child maintained by LEA or ODHS.

2) LE and ODHS shall take photo each time they observe a suspicious physical injury during the investigation of a new allegation of child abuse IF the injury was not previously observed by a person conducting a child abuse investigation AND regardless of whether the child has been previously photographed or assessed during an investigation of allegations of abuse.

3) Make reasonable efforts to ensure that [insert county-specific DMP name] conducts a medical assessment within 48 hours, or sooner if dictated by the child's medical needs

4) If [insert county-specific DMP name] is not available, ensure the child is evaluated by an available medical professional.

5) If the child is evaluated by other than [insert county-specific DMP name], the evaluating physician, physician's assistant, or nurse practitioner shall make photographs, clinical notes, diagnostic and testing results and any other relevant materials available to [insert county-specific DMP name] for consultation **within 72 hours following the evaluation of the child.**

6) Any member of the MDT who is conducting a child abuse investigation, may require a health care provider to permit the inspection and copying of medical records, including but not limited to, prenatal and birth records of the child involved in the investigation without the consent of the child or the parent or guardian of the child (PRS 419B.050).

7) Nothing in this section prevents a person conducting a child abuse investigation from seeking immediate treatment from a hospital emergency room or other medical provider for a child who is physically injured or otherwise in need of immediate medical care.

8) Nothing in this section limits the rights provided to minors in ORS chapter 109 or the ability of a minor to refuse to consent to the medical assessment described in this section.

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

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

Medical Assessment:

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

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

- The medical professional shall make photographs, clinical notes, diagnostic and testing results and any other relevant materials available to the designated medical professional within 72 hours following the evaluation of the child (Section 3 (4)(b)). (This disclosure is authorized by HIPAA which provides that covered entities may disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse or neglect to the extent the disclosure is required by law. 45 CFR 164.512(c)(1).)
- The medical professional may consult with and/or obtain records from the child's regular pediatrician or family physician (ORS 419B.050).
- The medical professional may, within fourteen days, refer children five years of age or younger for a screening for early intervention services or early childhood special education. This referral may NOT indicate the child is subject to a child abuse investigation.
- The medical professional may, within fourteen days, refer children five years of age or younger for a screening for early intervention services or early childhood special education. This referral may NOT indicate the child is subject to a child abuse investigation.

Early Intervention:

If an investigation is being conducted regarding a child **under the age of five** who is already receiving Early Intervention or Head Start services, the MDT SHALL invite the person involved in the delivery of those services to participate in the MDT's review of the child's case (See ORS 419B.023 (6)). MDTs have the option of inviting the Early Intervention or Head Start service provider to only those MDT meetings in which the provider is involved in a case, or they may include the early intervention service provider in the MDT as a regular or permanent MDT member

Please Print:

Designated Medical Professional Name: **(insert)**

Designated Medical Professional's Address (to send medical exam records within 72 hours): **(insert)**

Phone #: **(insert)** Fax #: **(insert)**

email: **(insert)**

Date **(insert)** Law Enforcement/ODHS Contact Information: **(insert)** Case #: (insert)

DRUG ENDANGERED CHILDREN

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

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

Placement

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

CHILD DEATH REVIEW

Statement of Purpose

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

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

Child Death Review Team Agency Participation and Membership Appointment

Agency Participation: Agencies involved should include professionals specially trained in areas relevant to the purpose of the team and may change depending on the type of death being reviewed. Examples include: Medical Professionals, DA's Office, Oregon Department of Justice, ODHS, LEA, Hospital, Public Health, and [Name of CAC]. Statute requires the county medical examiner or "local health officer" must assist with the review.

Membership Appointment: The Child Death Review Team Chair shall be appointed by the Chair of the Multidisciplinary Team with the advice and consent of the MDT. [Name of Chairperson] shall set the dates for death review meetings and for convening business meetings of the Child Death Review Team.

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

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

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

Cases Subject to Review

- The Child Death Review Team shall review all cases of death of children under the age of 18 where one or more of the following categories are present:
- Child deaths in which child abuse or neglect may have occurred at any time prior to death or may have been a factor in the fatality;
- Any category established by [Name of County] County's Multidisciplinary Child Abuse Team;
- All child deaths where the child is less than 18 years of age and there is an autopsy performed by the medical examiner; and
- Any specific cases recommended for local review by the statewide interdisciplinary team established under ORS 418.748

Protocol for Case Review
[Describe your county's protocol for Child Death Case Review to include

1. frequency of meetings;
2. designated attendees;
3. case selection criteria;
4. process for adding cases to the agenda;
5. designated facilitator and/or coordinator;
6. mechanism for distribution of agenda and/or notification of cases to be discussed;
7. location of the meeting;

8. Identity of person responsible for submitting the formal reports to the State of Oregon.]

Link to the National Fatality Review Case Reporting System:
https://www.ncfrp.org/resources/national-cdr-case-reporting-system

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

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

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

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

"What is the Problem?"
- **How are kids dying?**
- **What are the systems issues?**
- **What are the individual behavior issues?**

"What Should We Do About It?"
- **How could these deaths have been prevented?**
- **What are our recommendations?**
- **What is our action plan for implementation?**

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

COMPLIANCE MECHANISM 418.747(7)(a)

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

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

COMPLIANCE MECHANISM ORS 418.747(8)

[INSTRUCTIONS TO MDT] Each team shall develop policies that provide for an independent review of investigation procedures of sensitive cases after completion of court actions on particular cases. The policies shall include independent citizen input. Parents of child abuse victims shall be notified of the review procedure. (Describe how the team implements this statutory requirement)

RELEVANT OREGON REVISED STATUTES

County Teams for Investigation
ORS 418.747(1)
http://www.oregonlaws.org/ors/418.747

Child Death Review Teams
http://www.oregonlaws.org/ors/418.785

Reporting of Child Abuse
ORS 419B.005-ORS 419B.050

Definitions
http://www.oregonlaws.org/ors/419B.005

Duty of department or Law Enforcement Agency Receiving Report
http://www.oregonlaws.org/ors/419B.020

Degree requirements for persons conducting investigation or making determination regarding child.
http://www.oregonlaws.org/ors/419B.021

Duties of Person Conducting Investigation
http://www.oregonlaws.org/ors/419B.023

Photographing Children During Investigation
http://www.oregonlaws.org/ors/419B.028

Confidentiality of Records
http://www.oregonlaws.org/ors/419B.035

Authority of Health Care Provider to Disclose Records
http://www.oregonlaws.org/ors/419B.050

Rule 803 Hearsay Exceptions
http://www.oregonlaws.org/ors/40.460