

2023-2025 MARION COUNTY CHILD ABUSE PROTOCOL & INTERAGENCY AGREEMENT

This Protocol and interagency agreement serve as the official memorandum of understanding for Marion County Child Abuse Multidisciplinary Team, investigators, and other partnering agencies.

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FOREWORD

The Marion County Child Abuse Multidisciplinary Team (**MDT**) is responsible for ensuring an effective interagency response to reports of child maltreatment¹. The Marion County Child Abuse Protocol (**Protocol**) provides the framework to support a coordinated response, effective investigations, and appropriate support for children and adolescents. This Protocol also ensures resources for families, caregivers, and MDT partners. This Protocol incorporates input from MDT professionals, reflects current best practice, and should be used to guide child abuse investigations. The Protocol is a living document which will be reviewed and updated every two years to ensure the most effective child abuse investigations possible for our community.

This Protocol includes information about Liberty House, the Children's Advocacy Center (**CAC**) that serves Marion and Polk Counties. Liberty House serves as an interagency coordinated response center for child abuse investigations. Liberty House provides specialized, trauma-informed medical assessments, forensic interviews, family support, and counseling services for children and adolescents referred for concerns of abuse, neglect, trauma, grief, or witnessing family violence. Services also include prevention education.

Marion County's MDT Coordinator, located at Liberty House, provides support for law enforcement, child protective services, the District Attorney's Office, and Liberty House to coordinate the investigative and medical responses. Placing the child at the center of the services improves outcomes for the case, the child, and the family.

We are living and working during challenging times. Child maltreatment is increasing in both prevalence and severity. Providing an effective, coordinated response is more important than ever, and is the best way to prevent further trauma and ensure access to justice for victims, caregivers, and offenders.

Responding to concerns and conducting investigations of child abuse and neglect is challenging work. The dedication of all the professionals involved in this work throughout Marion County is deeply appreciated.

DocuSigned by:



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Paige Clarkson

District Attorney

¹ See [Oregon Revised Statute 418.747](#)

Marion County Child Abuse Protocol

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MULTIDISCIPLINARY TEAM (MDT)

Rationale

The MDT members and agency partners investigate collaboratively reports of child abuse to:

- **Coordinate** evidence-gathering;
- **Enhance** quality decision-making;
- **Provide** effective victim, family, and caregiver support; and,
- **Reduce** potential trauma to children and families by avoiding duplicative efforts.

MDT members respect the obligations of each agency to comply with their respective mandates.

Statement of Intent

The Child Abuse MDT expects its members and agency partners to coordinate efforts when investigating child abuse concerns.

Benefits of coordination include increasing efficiency, obtaining corroborating evidence, facilitating optimum case outcomes, reducing trauma for victims, and ensuring access to appropriate follow-up services.

MDT

I. STANDARDS

A. GENERAL FUNCTION & MEMBERSHIP

1. The MDT expects its members to coordinate their child abuse investigations. Participating agencies must:
 - a. Review and sign the [interagency agreement](#) before appointing MDT representatives;
 - b. Know about risk assessment, the dynamics of child abuse, child sexual abuse and rape of children, and forensic interviewing²;
 - c. Participate in training regarding Karly's Law and other investigatory procedures;
 - d. Involve MDT counterparts (including CAC staff as appropriate) in the investigation, case management, and/or MDT intervention steps in accordance with the known needs of the children and families throughout the investigation;
 - e. Refer cases to be reviewed by the MDT when further coordination is needed; and,
 - f. Participate in MDT quality assurance initiatives by:
 - i. Providing the MDT and Liberty House with ongoing feedback through the Outcome Measurement Survey tool; and,
 - ii. Participating in case staffings and MDT system meetings.

B. ROLES

1. The MDT, through its leadership, facilitates communication and collaboration between various investigatory agencies.

2. Each investigatory agency is responsible for its compliance with this protocol, including but not limited to investigatory decisions and record-keeping. The MDT recognizes that member agencies also need to comply with their own policies, procedures, and statutory requirements.
3. The MDT Coordinator and Assistant support positions facilitate day-to-day information sharing among the MDT members. They also assist with administrative tasks of the MDT, including the orientation of new MDT members, distribution of case review agendas and other meeting information as deemed necessary such as the date, time, and location. The MDT Coordinator and Assistant provide support to the MDT Co-Chairs, including facilitation support for MDT meetings, as requested.
 - a. The MDT support positions must undergo 8 foundational hours of team facilitation training.
 - b. The MDT support positions must also complete 8 hours of ongoing education in the field of child abuse or team facilitation every two years.
4. Prosecutors participate in the MDT to provide investigatory oversight and guidance in cases which may result in criminal or juvenile delinquency charges.
5. Law enforcement representatives participate in the MDT to coordinate responses to public safety concerns or concerns of criminal activity.

² See [Oregon Revised Statute 418.747\(3\)](#)

MDT (continued)

6. Children’s Advocacy Center³ (CAC) representatives participate in the MDT for the purposes of care coordination for the child and families.
7. Oregon Department of Human Services (ODHS) representatives participate in the MDT to coordinate responses to child safety concerns. ODHS in this Protocol refers to both the Office of Training, Investigations, and Safety (OTIS) and the Child Welfare (CW) Offices.
8. Juvenile Department representatives participate in the MDT to provide information on juvenile offenders and/or coordinate a system response involving a juvenile offender.
9. The Oregon Department of Justice participates in the MDT as the legal counsel to ODHS regarding child welfare (dependency) cases.
10. Mental Health, including Children’s Behavioral Health, representatives participate in the MDT to securely provide relevant information, including treatment progress and outcomes, and act as a clinical consultant regarding child trauma and evidence-based treatment.
11. Medical representatives participate in the MDT to securely provide relevant information, including treatment progress and outcomes, and act as a consultant regarding physical signs of child trauma and evidence-based treatment.
12. School district representatives participate in the MDT to coordinate the field response in lieu of an active investigation and provide relevant information as pertinent to that investigation. For example, school districts must collaborate with the MDT when responding to Title IX cases involving sexual harassment and sexual assault. This can include representatives from Early Childhood Intervention programs as needed.
13. Victim advocates participate in the MDT to coordinate follow up services for children and families and provide relevant information pertinent to the investigation.
14. County health representatives participate in the MDT to provide system updates regarding available services in the local area and information as appropriate to an investigation.
15. Other agency representatives may be requested to participate in the MDT as deemed necessary by the Marion County District Attorney’s Office for the purpose of coordinating responses to local child abuse or fatality investigations.

C. ORIENTATION/TRAINING

1. The MDT support positions provide orientation materials via email to new MDT members and invite them to participate in a meeting at and/or tour of Liberty House. The orientation material includes (at a minimum)

³ See [ORS 418.782](#)

MDT (continued)

information about the MDT's process, its policies and procedures, and its code of conduct.

2. The MDT's Case Review/Training (CRT) Committee coordinates an annual training regarding the MDT's Investigatory Protocol and best practices for members of its MDT⁴. The MDT support positions document, to the best of their abilities, MDT member participation in the MDT's annual training opportunities.
3. The MDT encourages its members to attend other relevant child abuse investigation trainings.

D. INFORMATION-SHARING AND CONFIDENTIALITY

1. The MDT members agree to communicate case information promptly and securely to all the investigating parties to improve investigatory outcomes.
 - a. MDT members implement secure, HIPAA compliant information-sharing methods (e.g., encrypted emails or restricted access file-sharing) that complies with legal, ethical, and professional standards to protect private health and/or confidential information.
 - b. The use of US mail is no longer acceptable for information-sharing and CAC referral purposes.
 - c. The MDT shares information between its members, including but not limited to:
 - i. Child's information
 - 1) *name, date of birth, current concerns, assessment of*

current safety, photos or descriptions of current injuries, disclosures relating to the concerns, relevant medical history, and any other pertinent information.

- ii. Family's information
 - 1) *the names and dates of birth of the child's caregivers, the information they disclosed about the concerns, any relevant criminal, dependency/custody, or medical information relevant to the concerns, the contact information for and location of the family, and any other pertinent information.*
- iii. Investigatory agencies' information
 - 1) *the assigned investigators, the assigned case numbers, the investigatory steps already taken and the plans for next steps as well as any other pertinent information.*

2. MDT members and participating agency partners sign or acknowledge the MDT Confidentiality Agreement ([linked](#)) before each meeting in recognition that:
 - a. MDT meetings are not subject to public meetings law⁵.
 - b. The information can only be disclosed for investigatory purposes.

E. PROTOCOL REVISION PROCESS

1. The MDT Co-Chairs work with the MDT Coordinator to facilitate regular updates of the Marion County Child Abuse Protocol.

⁴ See [Oregon Revised Statute 418.747\(3\)](#)

⁵ See [Oregon Revised Statute 418.747](#) and [Oregon Revised Statute 192.690](#)

MDT (continued)

2. The MDT Co-Chairs ensure that the representatives from each discipline on the MDT have many opportunities to participate in the revision process for the Protocol.

II. CASE STAFFING/REVIEW

- A. The Child Abuse MDT welcomes referrals from any investigators or agency partners responding to active child abuse or neglect concerns who would find the case coordination helpful (see committee descriptions for more information on how to make a referral).
- B. The MDT routinely reviews active investigations (see ACT description below) at various stages to promote informed and coordinated case decision-making in order to ensure better case outcomes for the children and their families.
- C. The MDT support positions help MDT members refer cases to the relevant type of MDT review (see committee descriptions in following pages for more information).
- D. The MDT designates several subcommittees to conduct case reviews (see remaining pages under this section) as outlined by this Protocol.
- E. The participating agency partners are expected to participate in the following aspects of MDT case reviews, including (but not limited to):

1. Review of forensic interview outcomes;
2. Discussion, planning and monitoring of the progress of the investigation;

3. Review of medical evaluation findings;
4. Discussion of child protection and other safety issues;
5. Input for prosecution and sentencing decisions;
6. Discussion of emotional support and treatment needs of children and family members and strategies for meeting those needs;
7. Assessment of the family's reaction and response to the child's disclosure and involvement in the criminal justice and/or child protection systems;
8. Review of criminal and civil (dependency) case updates and ongoing involvement with the child and family as well as disposition;
9. Provisions for court education and court support and accompaniment;
10. Discussion of issues of cultural relevance and needs unique to individual children and families, including issues pertaining to access to services;
11. Ensuring that all children and families are afforded the legal rights and comprehensive services to which they are entitled;
12. Discussion of how the CAC and MDT intervention is impacting the child and their family, including positive changes and challenges; and,
13. Child well-being and outcomes, as available.

- F. All MDT and agency partners who participate in MDT case reviews must sign and/or agree to comply with MDT confidentiality agreement as referenced in the linked part of this section.

MDT (continued)

III. CASE TRACKING/QUALITY ASSURANCE

A. The MDT support positions, at the CAC, are responsible for tracking case data from the MDT/CAC referral until the final civil/criminal disposition.

1. The MDT support positions track the case information on behalf of the MDT to:
 - a. Better understand the scale of child maltreatment throughout Marion County; and,
 - b. Identify and refer cases which meet the quality assurance and other criteria for automatic review to its [Case Review/Training Committee \(CRT\)](#).
2. The CAC tracks and minimally can provide de-identified numerical prevalence data to the National Children's Alliance which includes:
 - a. demographic information about the child and family;
 - b. demographic information about the alleged offender;
 - c. type(s) of abuse;
 - d. relationship of alleged offender to child;
 - e. MDT involvement and outcomes;
 - f. charges filed and case disposition in criminal court;
 - g. child protection outcomes; and,
 - h. status/follow-through of medical and mental health referrals.

B. The MDT support positions request and import applicable data from law enforcement, child protective services, the district attorney's office, and Liberty House into a case tracking system.

- C. MDT partner agencies are expected to share applicable data regarding child abuse investigations with the MDT and the MDT support positions as they collect data on the MDT's behalf.
- D. MDT partners can contact the MDT support positions to request access to the de-identified prevalence data.
- E. The MDT support positions are to periodically request quality assurance data for MDT/CAC systems from MDT partners ([see related section](#)).
- F. The MDT support positions are required to share that input with the MDT Co-Chairs, so that the MDT Co-Chairs can determine which quality assurance steps to implement in response to the input.

MDT (continued)

IV. SYSTEM COMMITTEES

A. Case Review/Training (CRT) Committee

PURPOSES	MDT REPRESENTATIVES	MEETINGS/ACTION	AGENDAS
<p>The CRT reviews completed child abuse cases involving:</p> <ul style="list-style-type: none"> • Non-accidental- (and significant) head injury. • Serious physical injury to a child under the age of 5. • Institutional involvement. • Four or more victims. • Commercially sexually exploited youth; and, • Perceived system concerns. <p>The CRT coordinates annual child abuse investigatory trainings⁶ for local MDT partners and agencies based on the trends, system concerns, and other implications for investigators from the case review.</p>	Child Abuse MDT Leadership	<p>Facilitators/Location/ Follow Up</p> <p>The MDT Co-Chairs facilitate the monthly CRT meetings after the ACT meetings on the first Wednesdays (or as directed by the Co-Chairs) in person at Liberty House and virtually via GoToMeeting.</p> <p>The MDT Co-Chairs are responsible for ensuring the MDT follows up on any recommendations made during the meeting. The MDT Co-Chairs may delegate the next steps of the follow-up to the MDT support positions.</p>	<p>To refer a case for CRT review, please contact the MDT support positions.</p> <p>The MDT support positions compose and distribute the meeting agendas in response to:</p> <ul style="list-style-type: none"> • Cases referred to the CAC that match at least one of the outlined criteria; and, • Direct MDT referrals for case review. <p>The MDT support positions securely distribute the agenda via a cloud-based file-sharing system with the participating MDT representatives.</p>
	Legal/Prosecution		
	Victims Advocacy		
	Law Enforcement		
	Child Welfare/Office of Training, Investigations, & Safety		
	Children’s Advocacy Center		
Medical	Other agency representatives as deemed appropriate by MDT leadership.		

B. Full MDT

PURPOSES	MDT REPRESENTATIVES	MEETINGS/ACTION	AGENDAS/ACTIONS
<p>The Full MDT reviews:</p> <ul style="list-style-type: none"> • The Marion County Child Abuse Protocol. • Local child abuse prevalence data. • Information and examples on MDT mechanisms and resources for child abuse investigators. 	Child Abuse MDT Leadership	<p>The MDT Co-Chairs facilitate the Full MDT biannual meetings, one in each the spring and the fall seasons, in person at Liberty House and virtually via GoToMeeting.</p> <p>The MDT Co-Chairs oversee follow up actions based on recommendations made at the Full MDT meetings.</p>	<p>To bring something to the attention of Full MDT, please contact the MDT Co-Chairs and/or support positions. The MDT support positions compose the Full MDT’s meeting agendas collaboratively with the MDT Co-Chairs based on the Full MDT’s purposes as stated. The MDT support positions then compile related meeting materials and distribute the meeting packets via a cloud-based file-sharing system with the participating MDT representatives.</p>
	Legal/Prosecution		
	Victims Advocacy		
	Law Enforcement		
	Child Welfare		
	Education/School		
	Health & Human Services		
	Juvenile Department		
	Children’s Advocacy Center		
	Medical		

⁶ See [Oregon Revised Statute 418.747\(3\)](#)

MDT (continued)

V. INVESTIGATIVE COMMITTEES

A. Active Case Team (ACT)

PURPOSES	MDT REPRESENTATIVES	MEETINGS/ACTIONS	AGENDAS/ACTIONS
The ACT facilitates both a collaborative information-sharing and informed-decision-making process for investigators to ensure better outcomes for the children and families involved in active investigations.	Child Abuse MDT Leadership	The MDT Coordinator facilitates the full ACT meetings every Wednesday at 8:30 AM in person at Liberty House and virtually via GoToMeeting.	To refer a case for ACT review, please contact the MDT Coordinator.
	Legal/Prosecution		
	Law Enforcement	Investigatory members of the ACT also meet on Monday, Tuesday, Thursday, and Friday at 8:15 AM in person at Salem Police Department and virtually via GoToMeeting.	The MDT support positions maintain a virtual rolling case staffing list and provide restricted, ongoing access to only the participating MDT representatives via a secure file-sharing system. The MDT support positions also securely email case staffing information as needed.
	Child Welfare		
	Children's Advocacy Center		
	Medical		
	Mental Health		
	Victim Advocacy		
Other agency representatives as deemed appropriate by MDT leadership.	Investigators are always responsible for conducting their aspects of the cases.		

B. Child Fatality Review (CFR) Committee

PURPOSES	MDT REPRESENTATIVES	MEETINGS/ACTIONS	AGENDAS
<p>The CFR committee reviews local cases involving child fatalities to:</p> <ul style="list-style-type: none"> Comply with Oregon Revised Statute 418.785 Develop a pro-active approach in discerning reasonable interventions to reduce future fatalities. <p>CFR also reports data from its reviews to the State of Oregon via a national database.</p>	Child Abuse MDT Leadership	The MDT Co-Chairs facilitate the quarterly CFR meetings at Liberty House following the first Wednesday ACT meetings at Liberty House in March, June, September, and December.	To bring a case to the attention of the CFR committee, please contact the MDT Coordinator.
	Legal/Prosecution		
	Victims Advocacy	The MDT Co-Chairs oversee follow up actions based on recommendations made at the Full MDT meetings.	The DA's Office provides the MDT support positions with pertinent case information, which the MDT support positions securely share with the participating MDT partners along with case summaries.
	Law Enforcement		
	Child Welfare		
	Education/School		
	Health & Human Services		
	Children's Advocacy Center		
Medical			
Other agency representatives as deemed appropriate by MDT leadership.			

CFR DEFINITIONS

Preventability: A preventable death is one in which, with retrospective analysis, it is determined that reasonable intervention might have prevented the death. Reasonable is defined by taking into consideration the condition, circumstances, or resources available. Based on this definition, a preventable death would fall under these categories, among others:

- Intentional and unintentional injuries.
- Medical malpractice and foreseeable complications.
- Lack of access to medical care.
- Neglect and reckless conduct (include religious, medical); and/or,
- Preventable prematurity.

MDT (continued)

C. Commercial Sexual Exploitation of Children Committee/Human Trafficking Task Force (CSEC/HTTF)

PURPOSES	MDT REPRESENTATIVES	MEETINGS/ACTIONS	AGENDA
The CSEC/HTTF meets monthly to triage local cases involving human trafficking concerns with the appropriate MDT agency representatives and investigators as well as to coordinate local training opportunities for human trafficking investigators. The CSEC/HTTF also has its own separate protocol.	Committee membership is tracked and managed by the CSEC/HTTF Co-Chairs, which are representatives from Safety Compass and the Marion County District Attorney's Office.	<p>The CSEC/HTTF Co-Chairs and Coordinator facilitate the monthly CSEC/HTTF meetings on the third Tuesday of the month at the Salem Police Department (or as directed by the CSEC Co-Chairs).</p> <p>The CSEC/HTTF Coordinator is responsible for following up based on recommendations made at the meetings.</p>	<p>To refer a case for CSEC/HTTF review, please contact either the CSEC/HTTF Co-Chairs or the CSEC/HTTF Coordinator.</p> <p>The CSEC/HTTF Coordinator is responsible for securely sharing relevant case information prior to each case staffing.</p>

D. Sexual Behaviors Under 12 Committee (SBU-12)

PURPOSES	MDT REPRESENTATIVES	MEETINGS/ACTION	AGENDA
The SBU-12 committee coordinates system responses and services provided to child victims and child offenders (under the age of 12) of child sexual behaviors.	Legal/Prosecution	The SBU-12 Chair, a designed Deputy District Attorney, facilitates the monthly meetings on the second Tuesday in-person at the Marion County Juvenile Department (or as directed by SBU-12 Chair) and virtually via GoToMeeting.	<p>To refer a case for SBU-12 review, please contact the MDT Coordinator and/or SBU-12 Committee Chair.</p> <p>The MDT support positions share relevant case information securely via a file-sharing system to the participating MDT representatives.</p>
	Victims Advocacy		
	Law Enforcement		
	Child Welfare		
	Education/School		
	Juvenile Department		
Children's Advocacy Center			

E. Staffing Imminent Cases Committee (SIC)

PURPOSES	MDT REPRESENTATIVES	MEETINGS/ACTION	AGENDA
The MDT may convene SIC on an ad-hoc, as-needed basis to solve urgent or complex issues.	Child Abuse MDT Leadership	The MDT Coordinator facilitates the meeting, which is scheduled upon request from MDT representatives (no set meeting date/time).	<p>To refer a case for SIC, please contact the MDT Coordinator</p> <p>The MDT support positions are responsible for scheduling, coordinating, and otherwise facilitating the SIC meetings, including the secure sharing of relevant case information via a file-sharing system or secure email.</p>
	Legal/Prosecution		
	Law Enforcement		
	Child Welfare		
	Children's Advocacy Center		
	Medical		
Other agency representatives as deemed appropriate by MDT leadership.			

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DIVERSITY, EQUITY, & ACCESS

Rationale

Investigators better understand and respond to the experiences of the child and family when considering and demonstrating their respect for the child's and family's culture, experience of acculturation, ethnicity, religion, socioeconomic status, disability, gender, gender identity and expression, and sexual orientation.

Statement of Intent

The Marion County MDT commits to understanding differing worldviews, adapting practices as needed, and engaging with children and caregivers in culturally competent ways.

Diversity, Equity, and Access

I. ASSESSMENTS, ACCOMODATIONS, AND TRAINING

A. Liberty House, in collaboration with the MDT, conducts a community assessment at a minimum of every 3 years, which includes:

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

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

1. Hiring bi-lingual, bi-cultural staff whenever possible and as needed;
2. Working with professional interpreters as needed;
3. Employ other strategies as specifically mandated by each agency's Diversity, Equity, and Inclusion (DEI) policies ([statement sample linked](#)).

4. Member agencies regularly update their own applicable policies and procedures.

C. Liberty House makes its services accessible and tailored to meet the individualized and unique needs of children and families regarding culture, development, and special needs throughout the investigation, intervention, and case management processes by:

1. Recruiting and/or hiring bi-lingual, bi-cultural staff, board members, and volunteers whenever possible, including a full-time interpreter, intake coordinators, forensic interviewers, and therapists, who reflect the demographics of the community;
2. Providing a minimum of 8 hours' worth of instruction every 2 years in matters related to diversity, equity, and inclusion for its staff, board members, and volunteers.
3. Asking care coordination questions regarding the needs of the children and their families during the intake process for assessment and therapy services and communicating that to MDT partners; and,
4. Working with professional interpreters from outside agencies as needed.

D. Liberty House offers diversity, equity, and inclusion training to its MDT partners. Liberty House also documents the training opportunities it offers and the level of MDT participation at each training.



INVESTIGATIONS

Rationale

Child abuse investigations are complicated. Interagency coordination is mandated by [Oregon Revised Statute 418.747](#) because it is essential to ensure the best outcomes for children and families.

Statement of Intent

Marion County Child Abuse MDT members and agency partners will coordinate all child abuse investigations collaboratively from the time of the initial report to the end of any potential court case. Partners are committed to starting each investigation as though it will ultimately result in court proceedings.

Investigations

I. MAKING A MANDATORY REPORT

- A. Mandatory reporters must provide information regarding concerns of child abuse or neglect to the Oregon Child Abuse Hotline and/or to the local law enforcement agency⁷.
- B. Law enforcement agencies should contact the District Attorney's Office before issuing mandatory reporting violation⁸ citations.
- C. Reporting or involved school personnel must protect the confidentiality of the report by only sharing information with investigators throughout any point of an active case.

II. TAKING AND CROSS-REPORTING CHILD ABUSE/NEGLECT CONCERNS

A. Obtain information from the reporter.

- 1. Oregon Department of Human Services (ODHS) employees who are obtaining information from a reporter must follow the relevant ODHS internal policies and procedures.
- 2. Law enforcement officers should make a good faith effort to ask reporters/complainants for the following information:
 - a. Child's Information
 - i. Name, age, and location (including directions to their home or present location).

- ii. Present physical and emotional condition and the level of risk for them and any other children involved.
- iii. Information on their access to a protective person and whether or not they know any agency partners, school personnel, medical providers, or clergy members.
- iv. The child's household communication method and any special needs which may cause a need for assistance in the investigation.
- b. Concerns Information
 - i. Description of what was seen, heard, or learned about the abuse or neglect.
 - 1) *Get dates, times, and locations of offense(s) to assist in determining the appropriate law enforcement jurisdiction.*
 - 2) *Identify all possible witnesses to the event or to the child's condition.*
- c. Child's caregiver/household Information
 - i. Other forms of dysfunction in the child's household, including domestic violence, drug/alcohol abuse or other criminal behavior.
 - ii. Individuals residing in or frequenting the household and their relationship to the child.
 - iii. What the non-offending caregiver knows about this report.
- d. Suspect's information
 - i. Name, age, and location.
 - ii. Whether or not the suspect has been made aware of the report.
- e. Reporter/Complainant's Information

⁷ [See Oregon Revised Statute 419B.015](#)

⁸ Failure to make a mandatory report is described in [Oregon Revised Statute 419B.010\(5\)](#) as a Class A Violation.

Investigations (continued)

- i. Name, address and telephone number, relationship to the family, and willingness to give additional information and assistance.
 - 1) *Do not refuse to take anonymous reports if the reporter will not give his/her identity.*
 - ii. Where did the complainant receive their information? Is it first-hand or otherwise?
3. Ask for additional information if the reporter is an educator/school employee:
- a. The child's social skills, language skills and academic skills;
 - b. Noted prior behavior issues; and,
 - c. Cultural considerations.

B. Listen for the following factors when determining a timeline and planning a response related to the investigation:

1. Safety/status, needs, and present location of the child;
2. Age, vulnerability;
3. Immediacy and severity of harm or neglect;
4. Conditions of the dwelling unit;
5. Access of the suspect to the child; and,
6. Loss of evidence concerns.

C. Notify other investigators.

1. Investigators must promptly notify or cross-report (depending on statutory requirements⁹) any concerns of child abuse or neglect

to their investigatory counterparts including:

- a. The law enforcement agency based on the safety concerns for the child and reported location of incident;
- b. The Oregon Department of Human Services;
- c. Liberty House or another Children's Advocacy Center when medical examinations and/or forensic interviews are needed as a part of the child abuse or neglect investigation;
- d. The Marion County Child Abuse Multidisciplinary Team when interagency coordination is necessary for better investigatory outcomes;
- e. The Child Care Division **only** when child abuse occurs in a child care facility. Relatedly, immediate notification for other parents or guardians of children attending the childcare facility is required regarding any abuse allegation and pending investigation. Exceptions may be considered if a parent is a suspect.
- f. The Oregon Department of Education (ODE) **only** for allegations involving school employees.

D. Notifying non-offending caregivers

1. Investigators have a shared responsibility, in coordination with Liberty House and the Marion County Victim's Assistance Division throughout the life of a case, of providing the following information to non-offending caregivers:
 - a. A brief explanation of what comes next and/or future court system involvement (e.g., interview, grand jury, and who is present at grand jury);

⁹ When a report of child abuse is received by the department, the department must notify the law enforcement agency in the county where the abuse occurred. See ORS 419B.015(b)A), Similarly, when a law enforcement agency receives a report of child

abuse, the law enforcement agency must notify the department by making a report to the child abuse reporting hotline. See ORS 419B.015(b)(C).

Investigations (continued)

- b. Crime Victims' Bill of Rights;
- c. Information about the DA's Victim Assistance Division and Crime Victims' Compensation Program;
- d. Protective procedures; and,
- e. The child's concerns regarding suspect, family unit, placement, etc.

III. COMPLYING WITH CERTAIN REQUIREMENTS BY CASE TYPE

A. Karly's Law

1. Investigators must follow the Karly's Law process¹⁰ articulated on the MDT's Karly's Law Cheat Sheet ([linked here](#)) if they observe that a child has suffered "suspicious physical injury" or an injury that may be the result of abuse.
2. Investigators must also reference the MDT's risk factor checklist ([linked here](#)) as a part of determining whether or not the circumstances surrounding the injury/reported mechanism of the injury is suspicious.
3. Investigators additionally are required to enroll in MDT-provided training about Karly's Law each year.
4. School personnel shall not photograph injuries.

B. Child Deaths

1. Investigators must cross-report child fatalities to their counterparts at the appropriate law enforcement agency, the District Attorney's office (including the Victim Assistance Division), the

Medical Examiner's Office, and the Oregon Department of Human Services.

2. Investigators must refrain from (per ORS 146.103) moving or undressing the deceased's body unless you have the permission of the medical examiner or the district attorney.
3. Investigators must Interview all witnesses independently, including children, at the scene.
4. Investigators must request that all the child's caregivers submit a urinalysis for ALL cases involving child deaths.
5. Investigators must be prepared to serve as a first responder witness to the death scene.
6. Investigators must consult with the District Attorney's Office prior to making a determination regarding cause of death, and they should follow all relevant procedures.

C. Sensitive/Complex

1. Investigators should promptly refer any cases for a [Staffing Imminent Cases](#) review if the suspect:
 - a. Is a public employee, school employee, affiliated volunteer, investigator, or another individual in a high position;
 - b. Works at a pre-school or day care center;
 - c. Works for ODHS/Child Welfare Respite/Shelter/Foster Care/Adoptive homes;
 - d. Works for a law enforcement agency, the juvenile department, or the district attorney's office; and/or,

¹⁰ See [Oregon Revised Statute 419B.023](#).

Investigations (continued)

- e. Works as an employee or volunteer of Liberty House, the Victim Assistance Division, and/or a victim service provider (e.g., doctor, forensic interviewer, mental health therapist).
2. Investigators should follow the policies of their agencies regarding sensitive/complex cases and consult with the District Attorney's Office whenever possible.
3. The referring agency should staff a case involving a child of an employee of one of the MDT partnering agencies with the District Attorney's Office to determine the appropriate investigator and approach. Partner agencies may need to be recused from involvement.

IV. CONDUCTING THE INVESTIGATION COLLABORATIVELY

A. Investigators should share information and coordinate the following next steps collaboratively throughout the stages of a case with their counterparts to ensure the best outcomes for the case and the child:

1. Plan the investigatory approach, including the coordination of interviews with the reported victim(s) and suspect(s), with the end in mind of possible legal proceedings;
2. Coordinate evidence collection as and file applicable subpoenas in collaboration with the District

- Attorney's Office or the Oregon Department of Justice;
3. Assess the effectiveness of the child's protective factors and determine whether or not to take protective custody¹¹ and/or Oregon Administrative Rules;
 4. Respond to the child's needs by making appropriate referrals for [medical, forensic interview](#), family support, or mental health services to either Liberty House or another similar agency as applicable;
 5. Inform the Marion County District Attorney's Office, Oregon Department of Justice, or other MDT partners (e.g., the Marion County Medical Examiner's Office) as needed; and,
 6. Determining whether or not the suspect is to be arrested.
 - a. Law enforcement must have probable cause.
 - b. An immediate arrest should be made if the suspect poses a continued threat to the victim(s) and/or community or is likely to abscond. The investigator shall immediately forward all police reports, medical reports, and lab reports to the DA's Office. Reasons for the arrest should be noted.
 - c. If an adult suspect is cooperative and not a specific, articulable threat to the child or to the community, it is preferable that an arrest is not made at that time.
 - d. Juvenile suspects of sex crimes should be detained if officers have probable cause.

¹¹ See [Oregon Revised Statute 419B.150\(4\)](#)

Investigations (continued)

- B. Evidence shall be properly recorded and preserved per the agency guidelines.
- C. Investigators need to document any reason that caused an investigatory delay.

V. FORWARDING REPORTS

- A. Law enforcement investigators should forward full and complete reports and information to the Marion County District Attorney's Office if there is an intent to file criminal or delinquency charges.
- B. The Oregon Department of Human Service caseworker (whether in child welfare or the Office of Training, Investigations and Safety) should refer cases requiring legal dependency follow up to the Oregon Department of Justice.

VI. COORDINATING THE CRIMINAL OR DELINQUENCY COURT PROCEEDINGS

- A. Investigators must refer cases with pending criminal or delinquency charges to the Marion County District Attorney's Office for review.

1. Investigators should also refer completed delinquency cases to the Marion County Juvenile Department for processing.

- B. The District Attorney (DA's) Office should communicate what additional investigatory steps are needed (if any) in order to proceed with a court case.

1. The goal of the MDT is to minimize follow up requests.

- C. The DA's Office will communicate to the investigators and the applicable parties whether or not it will initiate legal proceedings.
- D. The DA's office will assign a Victim Advocate to provide services to the victim and their family during the duration of court proceedings.
- E. The DA's Office will work with witnesses, victims, and families in a trauma-informed way to reduce harm whenever possible.

VII. COORDINATING DEPENDENCY COURT PROCEEDINGS

- A. Oregon Department of Human Services investigators must refer dependency cases to the Oregon Department of Justice and follow applicable internal Oregon Department of Human Services policies and procedures.

VIII. PROCESSING OFFENDERS

- A. Communicating updates

1. The offender's treatment provider must share information with the offender's probation officer.
2. The treatment provider and probation officer must disclose any offender statements about new offenses immediately to the applicable law enforcement agency and the Oregon Department of Human Services if it involves contact with a child.

Investigations (continued)

B. Setting up a Sex Offender Evaluation

1. The DA's Office, the Court, or the sex offender (voluntarily) could coordinate a sex offender's evaluation in collaboration with either the Marion County Sheriff's Office or the Oregon Department of Corrections (DOC).
 2. The evaluator must include in-depth information from prior investigatory and current-to-date mental health records in their written evaluation report. The evaluator should also consider using tools to measure the offender's arousal levels in various scenarios. The evaluator must share their prognosis whether they are following the treatment contract and report with the Court.
 3. The treatment provider and probation officer should coordinate full disclosure polygraphs periodically for the offender to assess the offender's truthfulness related to their offense(s) and previous sexual history.
- d. Ensure the sex offender's compliance with all court rulings and related Oregon Revised Statutes;
 - e. Respond appropriately to probation violations or issues of non-compliance; and,
 - f. Report disclosures of new offense(s) to the Marion County District Attorney's Office.

C. Supervising Sex Offenders

1. Marion County Sheriff's Office must comply with court orders regarding the pre-sentence preparation, probation/post-prison stage, and probation violations.
2. Marion County Sheriff's Office must:
 - a. Keep track of the treatment status of the defendant;
 - b. Document interviews with the defendant;
 - c. Schedule evaluation appointments and provide evaluators with prior investigatory information;

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MEDICAL EVALUATIONS

Rationale

Specialized medical examinations are an essential part of a child abuse investigation for the collection of investigatory evidence, the diagnosis of child maltreatment, and the review of treatment options for the child.

Statement of Intent

Liberty House Children's Advocacy Center (CAC) medical providers serve as the Designated Medical Professionals (DMPs) for child abuse & neglect cases in Marion County.

Medical Evaluations

I. INVESTIGATORY STEPS LEADING TO A MEDICAL EVALUATION

A. Triage medical services and timelines with the CAC/DMP

1. Investigators can work collaboratively with the Liberty House Intake Office to schedule medical appointments. Liberty House also offers forensic interviewing, family support, and referrals to follow up care.
2. Liberty House case acceptance criteria ([linked here](#)) can assist investigators with decisions regarding the timing and appropriateness of the medical evaluation (especially for child sexual abuse).
3. Child abuse investigators should provide their reports and other investigatory background information to the Liberty House Intake Office.
4. The CAC, in lieu of offering a medical appointment, may coordinate a handoff in urgent or emergency cases to local medical providers for immediate medical assessment and care.
5. Investigators should keep Liberty House informed throughout the stages of the case so that needs for follow-up services such as forensic interview, counseling services, or family support may be coordinated.

B. Request consent for Liberty House's medical services

1. Investigators and Liberty House must obtain consent from a legally authorized person or party for a child's medical exam for the purposes of obtaining evidence without a court order.
 - a. A minor child of 12 years of age or older may legally refuse to consent to such examination, thereby requiring a court order.¹² The examination shall be conducted by or under the supervision of a physician licensed under [Oregon Revised Statute \(ORS\) chapter 677](#) or a nurse practitioner licensed under [ORS chapter 678](#) and, whenever practical, trained in conducting such examinations.
 - b. Teens 15 years of age or older may consent for their own assessment.
 - c. On rare occasions, if it is determined by the Medical Director or proxy for the Medical Director to be in the best interest of the child, Liberty House may proceed with an evaluation in absence of consent from a legal guardian, in consultation with the investigating partners.
2. Investigators should obtain a consent for the release of confidential information form signed by the legal guardian prior to the examination.

C. Comply with attendance requirements.

1. Investigators are required to attend a referred evaluation at Liberty House.

¹² See [Oregon Revised Statute 419B.020\(8\)](#)

Medical Evaluations (continued)

2. To the greatest extent possible, investigators and intake coordinators should NOT inform the suspect or person of concern about the medical examination at Liberty House.

II. MEDICAL EVALUATIONS AT LIBERTY HOUSE

A. Liberty House provides a child-focused setting and employs trauma-informed policies and procedures to facilitate optimum outcomes for the child, the family, and the case.

B. DMPs should meet at least one of the following training standards:

1. Child Abuse Pediatrics Sub-board eligibility or certification;
2. A minimum of 16 hours of formal didactic training in the medical evaluation of child sexual abuse; OR,
3. Specifically, for SANEs, a minimum of 40 hours of coursework specific to the medical evaluation of child sexual abuse followed by a competency based clinical preceptorship.

C. DMPs must demonstrate a minimum of 8 contact hours (attending or teaching) of continuing education in the field of child abuse every 2 years.

D. Liberty House must demonstrate that an advanced medical consultant reviewed 100% of all findings deemed abnormal or diagnostic of sexual abuse.

E. Liberty House must make specialized medical evaluations available and accessible either on-site or via linkage agreements with other appropriate agencies.

1. Liberty House must serve clients regardless of their ability to pay for the services.
2. Children and families can call the Liberty House Intake Department to make an independent referral for services.

F. Liberty House must keep written records and photo-documentation of any medical findings in a way that complies with HIPAA requirements. Liberty House must share its medical findings with its investigating MDT partners in a routine, timely, and meaningful manner.

G. Liberty House must provide trainings to MDT members and CAC staff when needed regarding the purpose and nature of the medical evaluation for suspected sexual abuse.

H. Liberty House must inform children and/or caregivers about what to expect during a medical evaluation.

Medical Evaluations (continued)

III. CONFIDENTIALITY OF PATIENT FILES

- A. Liberty House files may include referral information and LEA or ODHS reports, the assessment report, video recorded interview, laboratory reports, and other relevant information and correspondence. Liberty House records are pursuant to child abuse investigations and disclosure¹³.
- B. Medical records storage must be secured and sufficiently backed up in accordance with all applicable federal and state laws.

¹³ See [Oregon Revised Statute 418.794](#) and [Oregon Revised Statute 418.795](#)



INTERVIEWS

Rationale

Forensic interviewers document a child's detailed statements for use in assessing safety, criminal allegations, and treatment needs at Liberty House, so the multiple investigating agencies do not have to conduct their own interviews with the child. Forensic interviewers use a child-friendly environment and open-ended, non-leading questions so that the children will be able to freely describe their experiences and what they may have witnessed.

The MDT expects investigators to consider the child's needs when conducting minimal-facts interviews in the field and prefers referrals of children to Liberty House for forensic interviews. MDT members conducting interviews should consult with Liberty House regarding best practices.

Statement of Intent

Investigators may conduct field interviews of children during their first response. Child forensic interviews should be conducted at Liberty House with investigatory partners in attendance. Liberty House forensic interviews are digitally video recorded and Liberty House controls access ([see ORS 418.794](#)). Liberty House also intends to increase its capacity for hosting forensic interviews in a child-friendly setting by inviting MDT partners who meet the qualifications stated in this Protocol and accompanying Liberty House policies to perform forensic interviews at its facility.

Interviews (continued)

I. INTERVIEWS IN THE FIELD

A. Coordinating a minimal-facts interview with the child in the field.

1. Investigators should only conduct a minimal facts/field interview with the child to establish:
 - a. Whether or not there is a concern for child maltreatment and/or immediate safety concerns for the child or other children; and,
 - b. Basic information about the reported concerns, such as the location of the incident, when it occurred, who the suspect is, and who may have witnessed, been present, or was involved in the incident¹⁴.
2. Initial responders, law enforcement officers, and the Oregon Department of Human Services (ODHS) personnel typically conduct this interview during their initial contact with the child/family.
3. Investigators from ODHS and law enforcement should collaborate during a minimal facts/field interview to limit the number of times a child needs to make disclosures.
4. If appropriate, this field interview will be followed by a formal, in-depth forensic interview conducted in a child-friendly atmosphere such as that of a Children's Advocacy Center (CAC).
5. The initial responder interview must be flexible to permit a common sense¹⁵ approach in responding to the child and the circumstances at the scene. For example, if the child volunteers detailed information, that information should be written down or otherwise recorded, and the report should reflect the circumstances under which the child made the disclosures. If the child is not volunteering information, the initial responder should avoid further questioning, and the information needed should be obtained from sources other than the child whenever possible.
6. Do not ask the child why the abuse happened, as it implies to the child that they are to blame¹⁶.
7. Investigators should coordinate the following factors of the minimal facts interview:
 - a. Location, including confidentiality and security;
 - i. Investigators should conduct their interview in a private, non-threatening environment that is free of distractions, coordinating with the child's non-offending caregiver when interviewing the child in their home.
 - ii. Investigators should ensure that the suspect is not present when interviewing the child.
 - iii. Investigators should coordinate with a school administrator, counselor, or other appropriate staff when planning to perform a minimal-facts interview at the child's school. School

¹⁴ [Oregon Interviewing Guidelines](#), labelled pages 1-2 (pages 9-10 of 66 in print order).

¹⁵ [Oregon Interviewing Guidelines](#), labelled pages 1-2 (pages 9-10 of 66 in print order).

¹⁶ [Oregon Interviewing Guidelines](#), labelled pages 1-2 (pages 9-10 of 66 in print order).

Interviews (continued)

- administrators may not deny investigators the right to conduct their interview with the child on school property¹⁷. School administrators and/or employees will also work with the investigators to arrange the interview location on the school campus, how to get the child privately to that location, how to privately escort the child back to class, how to provide support to the child after the interview, and how to follow up to guarantee the child's safety.
- iv. School administrators may not notify the child's parents or caregivers unless requested by investigators¹⁸.
 - b. Persons present;
 - i. Investigators should consider the child's safety and comfort when determining who else is present for a minimal-facts interview. Investigators should also inform whoever is bringing the child for an interview of what to expect and why that party may be included in/excluded from the interview.
 - c. Age of victim
 - i. Investigators should use age-appropriate interview techniques and tools when talking to a child.
8. Investigators should document, record, and share as appropriate for the investigation any detailed statements made by the child and the following with the MDT and with the CAC:
- a. start and end times of the minimal-facts interview;
 - b. location of the interview;
 - c. who is present during the interview;

- d. that the child gave consent for the interview;
- e. how the disclosure arose;
- f. the interviewer's questions; and,
- g. the child's answers.

B. Suspect Interview

1. Law enforcement investigators shall lead the suspect interview for the criminal case. Law enforcement shall contact the ODHS investigator so that the ODHS investigator can obtain needed information from the suspect, especially when the suspect is the victim's parent, or the suspect has other children.
2. The law enforcement investigator should inform the suspect of their *Miranda* rights at the appropriate time and, in cases not covered under [Oregon Revised Statute 133.400](#)/whenever possible, record the suspect's statements, including:
 - a. admissions,
 - b. detailed denials,
 - c. provable lies, and
 - d. other relevant information.
3. All interviews with juveniles shall be recorded.
4. The law enforcement investigator should provide the suspect with the written notice of a criminal history check.
5. The law enforcement investigator should check the suspect's employment status and notify the appropriate agency leader if the suspect is employed with the Oregon Department of Human Services, Oregon Youth Authority,

¹⁷ See [Oregon Revised Statute 419B.045](#)

¹⁸ See [Oregon Revised Statute 419B.045\(8\)\(a\)](#)

Interviews (continued)

or the Marion County Juvenile Department. If the suspect has an attorney, the investigator should obtain his/her name.

- a. Investigators should also follow the Protocol for [complex/sensitive cases](#) as needed.

II. INVESTIGATORY STEPS LEADING UP TO A FORENSIC INTERVIEW

A. Coordinating the forensic interview at Liberty House

1. Child forensic interviews for certain cases involving concerns of sexual child abuse to a verbal child under 18 years old should take place at Liberty House at least 75% of the time as written in the [case acceptance criteria](#) absent specific articulable reasons. Investigators may also refer children who make at least a partial disclosure of any type of abuse, neglect, or for witnessing domestic violence for forensic interviews at Liberty House as written in its [general case acceptance criteria](#).
2. Child interviews at Liberty House may take place in conjunction with a medical evaluation and family support session.
3. Investigators must provide Liberty House with the following information when referring the child for a forensic interview:
 - a. Previous disclosures made by the child in the investigation; and,
 - b. What the investigator hopes can be discussed in a forensic interview.

4. Investigators and forensic interviewers should share information to avoid duplicate efforts when gathering information. This information sharing should occur both prior to and following a forensic interview either during an [MDT case review](#) or via another secure communication method.

III. THE RATIONALE AND REQUIREMENTS FOR PERFORMING CHILD FORENSIC INTERVIEWS

A. The purposes of conducting child forensic interviews include:

1. To document the child's detailed statements for use in assessing safety, criminal allegations, or facts necessary for a dependency investigation, and treatment needs;
2. To minimize the need to interview the child multiple times for the same concern.
3. To allow the child to freely describe their experiences and what they may have witnessed in a child-friendly environment and with the implementation of neutrally presented, fact-finding, open-ended, and non-leading questions.

B. The minimum qualifications of any child forensic interviewer include:

1. Completion of 32 hours of NCA-approved instruction and practice as provided by the Oregon Child Forensic Interview Training (OCFIT) or equivalent training which includes;

Interviews (continued)

- a. Evidence-supported interview Protocol;
 - b. Pre- and post-testing reflecting understanding of the principles of legally sound interviewing;
 - c. Expertise in child development; question design; implementation of Protocol; dynamics of abuse; disclosure process; diversity, equity, and inclusion; and, suggestibility
 - d. Practice opportunities with a standardized evaluation process;
 - e. Required reading of current articles or approved publications specific to the practice of forensic interviewing, including the current copy of the [Oregon Interviewing Guidelines](#);
2. Participation in a structured forensic interviewer process;
 3. Demonstration that education/experience background meets one of the requirements of the current [Oregon Interviewing Guidelines](#);
 - a. A master's degree in social, counseling, psychology, sociology, child development, or a related field, and two or more years' experience working in a social service capacity with abused or neglected children and adolescents; or
 - b. A bachelor's degree in social work, counseling, psychology, sociology, child development or related field, and four or more years' experience working in a social services capacity with abused or neglected children and adolescents; or
 - c. An advanced law enforcement certificate from DPSST, a minimum of four years' experience investigating sexual assault and child abuse, and a minimum or two years' experience conducting forensic interviews of children.
 4. Participation in structured peer review sessions at least 2 times each year which includes:
 - a. Ongoing opportunities to network with peers through the sharing of challenges and learning opportunities.
 - b. Review and performance feedback on actual interviews in a professional and confidential setting.
 - c. Discussion of current relevant research articles and materials and implications for forensic interview practice.
 - d. Training opportunities specific to forensic interviewing of children and CAC-specific methodologies.
 5. Participation in ongoing education in the field of child maltreatment and/or forensic interviewing consisting of a minimum of 8 hours of CEU/CME credits every 2 years.

C. Additional specific requirements for MDT members interested in conducting child forensic interviews include to:

1. Attend and observe the forensic interviews of the children they referred to Liberty House as a part of their investigation.
2. Observe a minimum of two taped interviews.
3. Complete two forensic interviews observed by a Liberty House Child Forensic Interviewer.
4. Seek quality-assurance feedback for a performed forensic interview from a senior Forensic Interviewer at Liberty House.
5. Attend ongoing interview training on a regular basis (interviewing-related curriculum).
6. Adapt approach in compliance with applicable Liberty House policy, guidance from the Child Forensic Interview Team Leader, and/or direction provided by MDT Leadership.

Interviews (continued)

7. Attend MDT and Liberty House-specific trainings.
8. Review of resources including but not limited to:
 - a. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (Van der Kolk, 2014)
 - b. *Tell Me What Happened: Questioning Children About Abuse* (Lamb et al., 2018).
- a. Liberty House may conduct forensic interviews in Spanish pursuant to Liberty House policy and when it is in the best interests of the child.
- b. Liberty House will arrange for an interpreter to participate in the interview as needed for either the child or for the team.

IV. CHILD FORENSIC INTERVIEWS

A. Liberty House and the applicable investigators shall consider the following when determining the interviewer, interview type (see IV(B)(5) and corresponding footnote), location of the interview, and timing of the interview:

1. The safety of the child, the nature of the case, and the urgency behind the need for intervention;
2. The child's developmental level, disability, and cultural considerations;
3. Liberty House's [case acceptance criteria](#); and,
4. Specific skill sets and training of the investigating team members. Interviewers must have specialized training to perform forensic interviews for children with disabilities, who speak English as a second language, and/or use American Sign Language.

B. Forensic interviewers must use open-ended, non-leading questions and a child-friendly setting for the interview. Forensic interviewers, in consultation with MDT partners and in accordance with IV(A) of this section, may also use:

1. Interview aids/tools¹⁹;
2. Facility dog;
3. Age-appropriate interview techniques and tools²⁰;
4. Evidence or information as appropriate; and,
5. Multi-session, subsequent/ additional, and other alternative, state-or-nationally recognized models of forensic interviews²¹.

C. Liberty House should inform investigators of when an evaluation has been scheduled and invite investigators to observe the evaluation.

D. Investigators are expected to attend and observe evaluations at Liberty House either in-person or remotely (via a secure method) on cases for which they have investigative responsibilities.

¹⁹ Examples as listed in the [Oregon Interviewing Guidelines](#) include (but are not limited to): writing utensils, blank paper, pictures for coloring, Play-Doh, and anatomically detailed dolls (Use of Tools section, page 17)

²⁰ Age appropriate interview techniques and tools as identified by the [Oregon Interviewing Guidelines](#) include (but are not limited to): word choice and use of verbal cues, interviewer tone and demeanor, interviewer body language, eye contact, etc.

²¹ As defined in [Liberty House Policy](#) and the current [Oregon Interviewing Guidelines](#)

Interviews (continued)

- E. The Forensic Interviewer must provide the observing investigators with an opportunity to collaborate on any additional questions before closing the interview.
- F. Liberty House will video-record and document via written report in-depth child forensic interviews conducted on-site.

1. Liberty House may share the child forensic interview video recording and written report with investigators for the purpose of their investigation.
2. Law enforcement investigators and District Attorney's representatives may submit a written request form for a copy of the recorded interview prior to charges being filed.
3. The DA's Office may file an order to produce and protect and a subpoena duces tecum for the copy of the recorded interview once charges are filed.

G. Confidentiality of Patient Files

1. Liberty House treats its entire patient file as confidential medical records in accordance with laws related to medical records.

V. COLLABORATIVE CASE COORDINATION

- A. Forensic interviewers can contact the MDT support positions with requests to set up an ACT review (see linked section) so that the MDT can collaboratively coordinate elements of the case including but not limited to:

1. The investigatory next steps in response to the child's disclosures made during the forensic interview.
2. The follow up with the non-offending caregiver and family members to ensure victim support services (see linked section) are being provided.

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MENTAL HEALTH SERVICES

Rationale

The Marion County MDT mental health partners prioritize success for the child, family, and investigation by addressing trauma and working to reduce its long-term adverse social, emotional, developmental, and health consequences.

Statement of Intent

MDT members conduct their child abuse investigations with a trauma-informed lens in order to assess the need for mental health services and make appropriate referrals.

Mental Health Services

I. THERAPEUTIC REQUIREMENTS

A. Culturally informed and responsive therapeutic services must include:

1. Trauma-specific assessments addressing traumatic events and abuse-related trauma symptoms;
2. Evidence-based assessment measures that inform treatments and to assess progress and outcomes;
3. Individualized treatment plan based on periodically reviewed assessments;
4. Evidence-supported treatment appropriate for the child clients and other family members;
5. Monitoring of trauma symptom reduction;
6. Referral to other community services as needed;
7. Caregiver support for addressing the:
 - a. Safety and wellbeing of the child;
 - b. Opportunity to be involved in their child's treatment when appropriate;
 - c. Emotional impact of abuse allegations;
 - d. Risk of future abuse;
 - e. Issues or distress which the allegations may trigger, including own history of trauma and/or current experience of abuse, violence and/or other trauma.

II. THERAPIST REQUIREMENTS

A. Training/Continuing Education

1. Education/License Requirement
 - a. Master's degree/licensed/certified in a related mental health field.
 - b. Master's degree in a related mental health field and working toward

licensure; supervised by a licensed mental health professional.

- c. 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 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.

2. Training Requirements

- a. Mental health provider(s) must complete 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). Training programs that include fewer than 40 hours (including consultation calls) may be supplemented with contact hours in evidence-based assessment.
- b. Mental health providers must complete 8 contact hours of continuing child abuse education every 2 years.
- c. Mental health providers must participate in ongoing clinical supervision/consultation.

Mental Health Services (continued)

III. LIBERTY HOUSE HOPE & WELLNESS (H&W) SERVICES

- A. H&W therapists meet the requirements of sections I and II.
- B. H&W office provides access to trauma-focused therapeutic service for children and families, including CAC clients, regardless of their ability to pay.
- C. H&W therapists attend Child Abuse MDT meetings to:
 - 1. Participate actively in MDT case review and case management;
 - 2. Share relevant information with the MDT while protecting the clients' right to confidentiality and the mental health professional's legal and ethical requirements;
 - 3. Serve as a clinical consultant to the MDT regarding child trauma and evidence-based treatment; and,
 - 4. Monitor and share with the MDT the child's and caregiver's engagement in, and completion of, treatment.
- D. Liberty House H&W client records are subject to HIPAA and other confidentiality laws.

Mental Health Services

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VICTIM SUPPORT & ADVOCACY

Rationale

Victim advocacy is fundamental to the MDT response. Victim advocates participate in the MDT support children and families navigating multiple systems as a part of an investigation and response to child abuse concerns. Victim advocates provide these critical services in order to increase the child's and family's comfort and ability to participate in the investigation, court cases, and other intervention or treatment steps.

Statement of Intent

Comprehensive victim support and advocacy services are provided by the MDT partners including Liberty House and the Marion County District Attorney's Office Victim Assistance Division.

Victim Support & Advocacy

I. ACCESS TO VICTIM ADVOCACY AND FAMILY SUPPORT SERVICES

A. Liberty House & the Marion County District Attorney's Office Victim Assistance Division (VAD) collaboratively provide family support services and victim advocacy (respectively) for children and non-offending caregivers throughout the life of the case.

1. The VAD provides access to the following victim support and advocacy services throughout the life of the criminal case:
 - a. Responding to sexual assault and Homicide Assault Response Team (HART) calls; and,
 - b. Acting as a liaison between the child, family, and investigators.
2. Liberty House provides, from the first contact with the non-offending caregiver, access to the following family support services for CAC clients by appointment at its clinic building:
 - a. Information on how to address the:
 - i. Safety and wellbeing of the child;
 - ii. Opportunity to be involved in their child's treatment when appropriate;
 - iii. Emotional impact of abuse allegations;
 - iv. Risk of future abuse; and,
 - v. Issues or distress which the allegations may trigger, including own history of trauma and/or current experience of abuse, violence and/or other trauma.
 - b. Crisis intervention;
 - c. Needs assessment and safety planning;
 - d. Parenting/caregiver resources;

- e. Child abuse and sexualized behavior education as well as information on how to refer the child for follow-up services; and,
 - f. Help with Crime Victims Compensation (CVC) applications.
 3. Liberty House's family support specialists actively offer, during their meetings with non-offending caregivers at the assessment, follow up support services and support for families upon request. If a caregiver requests that follow up support, the family support specialist communicates when/how the caregiver should be expecting their follow up contact (normally set within a couple of days following the assessment).

II. VICTIM ADVOCATE REQUIREMENTS

A. Training/Continuing Education

1. Training includes a minimum of 24 hours of instruction including the following subject matter:
 - 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. Assistance in accessing/obtaining victim rights as outlined by law;
 - 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, and interpreters, among

Victim Support & Advocacy (continued)

- others as determined for individual clients;
 - j. Cultural responsiveness and addressing implicit bias in service delivery;
 - k. Caregiver resilience; and,
 - l. Domestic violence/family violence/children's exposure to domestic violence and poly-victimization.
2. 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.

B. MDT Participation

1. Victim advocates must identify and communicate the child's and family's needs during an MDT case staffing to guarantee a seamless coordination of services.
2. Victim advocates help the MDT and child by ensuring the victim's needs and sensitivities are being met.
3. This participation must be in accordance with legal requirements regarding confidentiality.

III. VICTIM ADVOCACY SERVICES

A. Collaboratively provided victim advocacy services include:

1. Crisis assessment and intervention, risk assessment, safety planning, and support for children and family members throughout the life of the case;
 - a. It is recognized that the processes of disclosure, investigation, and legal system intervention, in and of themselves, constitute an ongoing crisis for the child and family.
 - b. The goal of crisis intervention is to provide effective and timely information, support and assistance to victims and non-offending family members from the beginning of the investigation through its completion.
2. Assessment of individual needs, cultural considerations for child/family and help to ensure those needs are being addressed in concert with the MDT and other service providers;
3. Presence at CAC during the forensic interview 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.);

Victim Support & Advocacy (continued)

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 or appointments;
8. Engagement in the child's/family to help them understand the investigation/prosecution process and help ensure understanding of crime victims' rights;
9. Participation in case review to:
 - a. Communicate and discuss the unique needs of the child and family and associated support services planning;
 - b. Ensure the seamless coordination of services; and,
 - c. Ensure the child and family's concerns are heard and addressed.
10. Updates to the family on case status, continuances, dispositions, sentencing, inmate status notification (including offender release from custody);
11. Court education & courthouse/courtroom tours, support, and court accompaniment; and,
12. Coordinated case management meetings with any and all individuals providing victim advocacy services.

IV. CHILD SAFETY

- A. Liberty House Family Support Specialists, in their role as intake coordinators, will adhere to Liberty House's policies and best practices regarding persons of concern not attending the child's assessment service appointment.

INTERAGENCY AGREEMENT

Interagency Agreement

We recognize that the protection of children is of primary importance. To better serve the children in our community and to comply with ORS 418.747, we, the undersigned, do hereby enter into this agreement.

The purpose of this Protocol is to clarify each agency's duties and responsibilities in child abuse cases, and to improve agency coordination by:

- Promoting competent, thorough, fact-based investigations,
- Facilitating coordinated and efficient information sharing between the involved agencies,
- Minimizing any negative impact to children and families,
- Minimizing the number of victim interviews,
- Preventing the abuse of other potential victims,
- Increasing the effectiveness of prosecution in criminal, delinquency, and dependency cases, and
- Facilitating victim and caregiver access to appropriate services and support.

We recognize that the term "investigator" as referenced in this Protocol shall apply to Law Enforcement and/or Department of Human Services, including from both Child Welfare and the Office of Training, Investigations, and Safety (OTIS), investigators unless otherwise stated.

We acknowledge that this Protocol reflects current best practices for child abuse investigations, and the MDT is committed to keeping this Protocol updated. We also acknowledge and respect that each agency participating in the MDT has its own set of policies and procedures. Each investigatory agency is responsible for complying with its own internal policies and procedures and to this Protocol, especially in the areas of investigatory decision-making and record-keeping, to the degree those two do not conflict. In addition, we recognize that the investigation of child abuse allegations is complex and may require a certain amount of flexibility depending on the circumstances.

The Marion County District Attorney requests that a person from each agency participate in the Child Abuse MDT. The District Attorney shall appoint a person from her office to Co-chair the MDT along with the CEO of the CAC. The MDT in Marion County shall consist of representatives from public and private agencies in the following areas:

- District Attorney/Prosecuting Office
- Law Enforcement
- Oregon Department of Human Services/Child Welfare (AKA Child Protective Services)
- Oregon Office of Training, Investigations, and Safety (OTIS)
- Oregon Department of Justice
- School Districts and other education representatives such as from early childhood intervention programs
- County Health & Human Services Department & Children's Behavioral Health
- Juvenile Department
- Children's Advocacy Center (Liberty House)
- Mental Health (Liberty House's Hope & Wellness Department and other agencies as needed)
- Medical agencies
- Victim Advocacy (DA's Office & Liberty House)
- Other agencies as the MDT leadership deems appropriate.

Representatives recognize that a functioning and effective Child Abuse MDT is the foundation for a healthy response to concerns of child abuse and neglect. The representatives commit to following this Protocol including:


- Collaboratively reviewing cases and coordinating investigations.
- Ensuring their agency's compliance with these guidelines.
- Evaluating and refining these guidelines.
- Coordinating trainings.
- Reviewing procedures and system gaps between agencies; making recommendations for improvement.
- Identifying and pursuing resources.
- Addressing other relevant matters relating to child abuse cases.

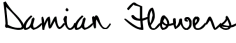
The MDT shall have the responsibility and authority for setting up subcommittees to review cases and make recommendations as appropriate. The undersigned agencies shall, to the extent possible, comply with the Protocol and procedures developed by Child Abuse MDT²².


Dated September 2023.


²² See [Oregon Revised Statute 418.747\(2\)](#)

Interagency Agreement Signature Pages

DocuSigned by:

 1175839FC2C949
 Paige Clarkson, Marion County District Attorney²³
 Date 9/18/2023

DocuSigned by:

 8D017709100F4F1
 Damian Flowers, Chief,
 Aumsville Police Department
 Date 9/19/2023

DocuSigned by:

 7A4806953C4C4A3
 Mark Chase, Chief, Gervais Police Department
 Date 9/18/2023

DocuSigned by:

 6D9120C8C8404F8
 David Rash, Chief, Hubbard Police Department
 Date 9/19/2023

DocuSigned by:

 511D00FC2E854D3
 Andrew Copeland, Chief, Keizer Police Department
 Date 9/21/2023

DocuSigned by:


 8F6CEC06FBF8470
 Nicholas (Nick) Hunter, Sheriff, Marion County
 Date 9/26/2023


DocuSigned by:


 63B6C27E99C24E7
 Mark Daniel, Chief, Mt. Angel Police Department
 Date 9/20/2023

DocuSigned by:

 3357833A647D40E
 Major Teresa H. Livingston, Police Services
 Bureau Commander, Oregon State Police
 Date 9/19/2023


DocuSigned by:

 78593CA0DE747E
 Trevor Womack, Chief, Salem Police Department
 Date 9/18/2023


DocuSigned by:

 E1F56E306099435
 Jim Anglemier, Chief, Silverton Police Department
 Date 9/18/2023


DocuSigned by:

 60EB5A4074E94D9
 Gwen Johns, Chief, Stayton Police Department
 Date 9/18/2023


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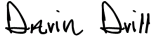
 1B66C77FA8F9486
 Don Taylor, Chief, Turner Police Department
 Date 9/19/2023


DocuSigned by:

 30A46BA38E442E
 Marty Pitcher, Chief,
 Woodburn Police Department
 Date 9/19/2023


DocuSigned by:

 1FCB4DDFBFC44AA
 Cydney Nestor, District 3 Manager –
 Self-Sufficiency & Child Welfare,
 Oregon Department of Human Services
 Date 9/19/2023

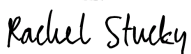
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 4B37A9008C8B4CC
 Dave Manley, Director
 Oregon Office of Training, Investigations, &
 Safety
 Date 9/20/2023

DocuSigned by:

 7FAA183083E475
 Shannon Dennison, Attorney in Charge,
 Oregon Department of Justice
 Date 9/18/2023

DocuSigned by:

 4FE15BFF0A9A477
 Darin Drill, Superintendent,
 Cascade School District 5
 Date 9/18/2023



 Bandy Stevers, Superintendent,
 Gervais School District 1
 Date 9/15/23

DocuSigned by:

 B52F513A8CDA4CD
 Brad Capener, Superintendent,
 Jefferson School District 14J
 Date 9/19/2023

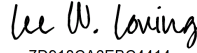
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 9F882DD6AE7Z49E
 Rachel Stucky, Superintendent,
 Mt. Angel School District 91
 Date 9/18/2023

²³ The Marion County District Attorney oversees the Marion County Victim Assistance Division.


Interagency Agreement Signature Pages

DocuSigned by:

 Bill Rhoades, Superintendent,
 North Marion School District 15


9/19/2023
 Date

DocuSigned by:

 Lee W. Loving, Superintendent,
 North Santiam School District 29J


9/18/2023
 Date

DocuSigned by:

 Andrea Castañeda, Superintendent,
 Salem-Keizer Public Schools


9/19/2023
 Date

DocuSigned by:

 Scott Drue, Superintendent,
 Silver Falls School District


9/25/2023
 Date

DocuSigned by:

 Joseph Wehrli, Superintendent,
 St. Paul School District 45


9/25/2023
 Date

DocuSigned by:

 Dr. Joe Morelock, Superintendent,
 Willamette Education Service District


9/18/2023
 Date

DocuSigned by:

 Juan Larios, Superintendent,
 Woodburn School District 103

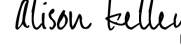
9/25/2023
 Date

DocuSigned by:

 Ryan Matthews, Marion County Health &
 Human Services Administrator

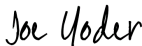
9/19/2023
 Date

DocuSigned by:

 Troy Gregg, Director,
 Marion County Juvenile Department

9/18/2023
 Date

DocuSigned by:

 Alison Kelley, Chief Executive Officer,
 Liberty House²⁴

9/18/2023
 Date


DocuSigned by:

 Joe Yoder, FACHE, MSHA,
 Willamette Valley Regional President, Legacy Health

9/18/2023
 Date

DocuSigned by:

 Cheryl Nester Wolfe, President & Chief Executive
 Officer, Salem Health

9/18/2023
 Date

DocuSigned by:

 Maggie Hudson, President & Chief Executive
 Officer, Santiam Hospitals & Clinics

10/9/2023
 Date

²⁴ The Liberty House Chief Executive Officer oversees its Hope & Wellness Mental Health Department.