

LINCOLN COUNTY MDT/CAMI
PROTOCOLS AND INTERAGENCY AGREEMENTS
APRIL, 2016-2018

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I. MULTIDISCIPLINARY TEAM (MDT) PURPOSE, FUNCTION, DUTIES, ROLES

A. MDT Statement of Purpose (ORS 418.746-83)

1. To seek to ensure the safety and health of children who are victims of abuse to the greatest extent possible by taking appropriate steps to achieve a safe and healthy environment.
2. To minimize trauma for all children who have been victimized by abuse.
3. To maintain a coordinated multidisciplinary community based system for responding to allegations of child abuse that is sensitive to the needs of children.
4. To facilitate immediate action as mandated by law for all reported incidents of child abuse.
5. To incorporate an effective process that ensures a thorough investigation, improves coordination among agencies, seeks to ascertain the truth, and prosecutes perpetrators of child abuse whenever appropriate.

B. Cases That Shall be Forwarded to MDT:

1. Any Child Abuse case.
2. Any Child Sexual Abuse case.
3. Any Child Neglect case.
4. Any suspicious injury that threatens the physical well-being of the child, regardless of whether the parent or caregiver says it was an accident or not. Suspicious refers to the injury itself and not the mechanism. If a person is certain or has reasonable suspicion that the injury is, or may be, the result of abuse, then forward to MDT (See Section IV Karly's Law).
5. Any Drug Endangered Child where there is reason to believe that a child has been exposed to controlled substances or illegal drug manufacturing activities, or has been abused or neglected as a result of such activities.
6. Any threats to schools in which children have been threatened.
7. All child (age 0 to 18) deaths.

C. MDT Function

ORS 418.747 provides guidance for the MDT to establish guidelines. The primary function of the MDT is to assist the collaborative efforts of the different agencies in the county that deal with child physical and sexual abuse.

D. MDT Composition

1. **Chair** – District Attorney or Deputy District Attorney
2. **MDT Coordinator** – Administrative Chief or designee of the District Attorney's Office
3. **Members** – All investigators (****PLEASE NOTE****: "Investigators", from here forward in this document, shall refer to all law enforcement officers, troopers, deputies, detectives, and DHS personnel investigating and involved in the case) of Law Enforcement Agencies within the county, DHS/Child Welfare investigators, DHS supervisors and case workers, Indian Child Welfare representatives, chosen representatives of the District Attorney's Office, a representative of Lincoln County

Mental Health, a representative of the Lincoln County School District, chosen representatives of the Lincoln County Children's Advocacy Center, a member of the Lincoln County Juvenile Services, and representatives of other public and, on a case-by-case basis, as approved by the MDT Chair, private organizations that provide therapeutic, advocacy, or support services for child abuse victims and families. Any persons not listed (including, but not limited to, fire and ambulance) may be approved as visiting members by the MDT Chair.

4. **MDT Policy Committee** – The District Attorney is the Chair of the Policy Committee. Other committee members are the Heads of: Law Enforcement Agencies within the county, Indian Child Welfare, DHS/Child Welfare, the Lincoln County School District, Lincoln County Children's Advocacy Center, and Lincoln County Juvenile Services.

E. Duties of the MDT

1. The MDT's primary responsibility is to provide a forum to coordinate case development, disseminate information and provide constructive feedback on the strengths/weaknesses of a case. The team is encouraged to provide frank discussion to each other so that the team members can improve their skills.
2. The MDT shall meet as often as necessary to assure prompt review of cases. The goal is to meet at least two times a month. Each team member will be expected to participate in the MDT review meetings and is expected to be prepared to discuss their assigned cases. All discussion at the meetings is absolutely confidential and cannot be discussed with those outside the team without permission from the team.
3. In the event that there is a high-profile, urgent, or difficult case, a special meeting may be called by the Chair or designee for the purpose of discussing that case.

F. Roles of MDT Members

1. **District Attorney and Deputy District Attorney (DA)** – The DA representative that is assigned to Chair the MDT is primarily responsible for the performance of the collaborative MDT. It is the Chair's responsibility to encourage teamwork, facilitate prompt and thorough investigations, and assure that laws, statutes, and protocols are being followed by members.
2. **DAs assigned to prosecute cases** – DAs assigned to prosecute cases involving child victims or children as key witnesses are responsible for the final decision of whether or not a case is to be prosecuted in the courts. Although seeking justice is the primary goal of all prosecutions, the DAs are expected to carefully consider the effect prosecution will have on the child who would be expected to testify in court – an effect that could be profound, even if the case is ultimately not prosecuted. It is expected that the DA assigned to a case will have fully reviewed the available information within 30 days of assignment.
3. **MDT Coordinator** – The MDT Coordinator shall be an administrative position filled by the Administrative Chief of the District Attorney's Office or designee. The Coordinator is responsible for maintaining all records of the MDT meetings, serving as the custodian of the MDT Protocol, and reviewing and compiling cases for presentation at MDT

meetings. The MDT Coordinator shall email updates of an ongoing spreadsheet prior to each MDT meeting. Disposition updates shall be emailed quarterly.

4. **MDT Policy Committee** – The primary purpose of the Policy Committee is to be responsible for oversight of the State Child Abuse Multidisciplinary Intervention (CAMI) program funds allocated to Lincoln County and to set protocols for the MDT. The Policy Committee will make policy decisions concerning the expenditures of CAMI funds. The District Attorney will bi-annually review expenditures of the CAMI funds with the Policy Committee. The Policy Committee should meet at least bi-annually; however, any Policy Committee member may request a meeting of the Policy Committee for the purpose of reviewing expenditures at any time.
 - a. Members of the MDT can act as representatives of their agency/department at meetings of the Policy Committee and conduct meetings to review CAMI funding, review protocols, discuss any action taken by a team member's agency that affects the area of child abuse or neglect, and act as a liaison between the team and their co-workers to provide necessary information to the respective agencies/departments. However, only the District Attorney and the Heads of listed agencies/departments are authorized to approve final suggestions made by members meeting with the Policy Committee.
5. **Law Enforcement Investigators** – Law Enforcement Investigators are responsible for investigating possible criminal cases of child physical abuse, sexual abuse or neglect. They should conduct their investigations as designated in their department's policy and procedure manuals. They are encouraged to seek input from the MDT, as needed, while completing their investigations. It is the responsibility of the Law Enforcement Investigator to ensure that all evidence is collected and forwarded to the District Attorney's Office. The compiled investigation materials shall include all reports, medical records, and interviews. **All forensic interviews of children, as part of the investigation, are considered to be a critical part of the investigation. The investigator is responsible for turning a copy of the audio/visual recording of the interview over to the District Attorney's Office as part of the case file.** The Law Enforcement Investigator has a continuing duty to work the case even after it has been submitted to the District Attorney's Office.
6. **Department of Human Services (DHS) Investigators** – DHS Investigators are primarily responsible for assessing safety of the child in the child's current environment and making decisions as to whether intervention is necessary in order to ensure the safety of all children in the home. They are encouraged to seek input from the MDT, as needed, while completing their investigations.
7. **Children's Advocacy Center (CAC)** – The CAC is responsible for providing a safe environment for children to conduct interviews, medical assessments, counseling and other associated services for children affected by traumatic events of abuse or neglect. The CAC is also responsible for administration of CAMI funds. Forensic interviews of children at the CAC shall be conducted by a trained forensic interviewer who follows the Oregon Interviewing Guidelines. The forensic interviewer is to consult with members of

the MDT, including the District Attorney's Office, Law Enforcement, and DHS while maintaining a distinct objective position focused on protecting children.

8. **Designated Medical Professional (DMP)** – The DMP is responsible for making medical assessments of children subjected to abuse, either directly by conducting an exam or by working with other medical professionals that conduct an exam. *The DMP, as an arm of the CAC*, is responsible for ensuring that medical records (this includes all records, notes, photographs, x-rays, cat scans, MRIs, and other parts of a complete medical file) are collected in cases of suspected abuse. These records must be forwarded to the MDT Coordinator at the District Attorney's Office in a timely fashion so that records can be reviewed for possible charging and for presentation to the MDT. The Oregon Medical Guidelines for Evaluation of Sexual Abuse in Children and Adolescents should be followed by the DMP. The DMP is to work with investigators in making sure investigators and prosecutors have access to medical records and photographs, as needed to complete their investigation, and in compliance with Karly's Law (See Section IV). The DMP is to consult with members of the MDT, including the District Attorney's Office and Law Enforcement, while maintaining a distinct objective position focused on protecting children. In this capacity, the DMP is to conduct evaluations as they deem medically appropriate. However, the MDT may make suggestions to the DMP to help ensure that investigations are complete. The DMP understands that their role will require them to be called as a witness for either the State or the Defense to discuss their findings. Specific responsibilities of the DMP are further detailed later in this protocol (See Section V).
9. **Juvenile Department** – The Juvenile Department MDT representative shall attend meetings to collaborate and gather information from all involved in the case and make sure they are informed of the school district's position and the victims advocate's victims' rights information in order to design the best case plan and transitional services plan.
10. **School District** – The School District's MDT representative shall attend meetings to collaborate and make sure they are aware of the entire picture, including the family situation. They may disclose only to counselors and other appropriate school district employees general information regarding the case to help keep children safe in the school environment as needed. Reporting and disclosing any suspected relevant information to law enforcement immediately and sharing at MDT meetings is mandatory.

II. MDT TRAINING PROTOCOL

- A. All member agencies shall be committed to providing training to members. In accordance with **ORS 418.747(4)**, all child abuse investigations shall be conducted jointly by specially trained officers and caseworkers using the procedures described in this protocol. "Special training" is the type described in **ORS 418.747(3)**. If a specially trained investigator is not immediately available and there is reason to believe a delay in the

investigation could place the child in jeopardy of physical harm, the investigation can proceed without specially trained investigators. This exception applies only for as long as reasonable danger to the child exists and only after a reasonable effort to find and provide a trained investigator or interviewer has been made. All forensic interviews shall be done by a certified forensic interviewer following the Oregon Forensic Interviewing guidelines.

- B. The MDT is committed to using funding, whenever possible, and to assess if costs should be deferred to member agencies.
- C. The MDT will provide assistance and education to mandatory reporters in order to facilitate their duties.

III. MDT RECOMMENDATIONS FOR CONDUCTING THE INVESTIGATION (LAW ENFORCEMENT AND DHS)

All investigators shall follow their agency/department Investigation Guidelines. The MDT recommends the following additional considerations:

- A. Assess the urgency of the investigation:
 - 1. What is the nature of the abuse?
 - 2. Does the alleged perpetrator still have access to the child or other children?
 - 3. Did the abuse occur within the last 72 hours, or are there other indicators evidence may be preserved?
 - 4. Is the non-offending parent/care-giver protective of the child?
 - 5. What is the overall seriousness and urgency of the situation?
- B. Investigators shall work with each other when conducting investigations, sharing ideas and information.
- C. There are 2 types of interviews: Investigative and Forensic. It is at the discretion of the Law Enforcement or DHS primary investigator to decide which type of interview would be best in each case, taking into account age, mental capacity, urgency of situation, and possible obstacles to obtaining a timely interview. An investigative interview can be done by any trained investigator. If a forensic interview is chosen, it must be done by a certified forensic interviewer following the Oregon Forensic Interviewing Guidelines. If the interview is conducted at the CAC, upon conclusion of the interview, 2 copies of the interview shall be provided by the CAC to the law enforcement investigator and 1 copy to the DHS investigator. (The copy for DHS must be clearly marked as 'Property of the CAC' and is not part of the file open for review by anyone other than the DHS investigator/caseworker assigned to the case).
- D. Investigators shall follow the Karly's Law Mandate (See Section IV).
- E. Investigators must work in conjunction with the DMP to make sure files include photos, medical records (including x-rays, MRIs, cat scans, and other images) and any other information the DMP may need to make an assessment.

- F. Because many times, in cases of suspected child abuse, parents/guardians are suspects and medical personnel are not aware of all of the facts uncovered by the investigation (they are often relying on facts presented by the suspect), Law Enforcement, DHS, or the District Attorneys may request a **full medical exam, including skeletal survey EVEN IF THE ATTENDING PHYSICIAN OR THE PARENT/GUARDIAN DOES NOT REQUEST ONE. The Department of Children's Services must stand by in case their intervention is necessary in obtaining consent to conduct these exams.**
- G. The initial stages of the investigation, particularly in cases of child abuse where the child is non-verbal or has limited verbal skills, are critical. It is the Investigator's responsibility to secure statements from all adults or children who may have been witnesses or could be categorized as suspects (either by the investigator or by the defense). These statements should include detailed descriptions and demonstrations of the cause of the injury (this may include a video recorded re-enactment). In these cases, this may be the only way to determine if the injuries are consistent with the explanation of the cause of the injuries.
- H. Investigators must understand that the District Attorney assigned to the case will make an independent decision whether to file a case and, if so, what charges will be filed. Therefore, it is imperative that the files presented to the District Attorney include all information that the investigation revealed (including photos, medical records, x-rays, MRIs, cat scans, other images, any recorded interviews, including the forensic interview, and access to all evidence recovered). As the investigation progresses, any additional information needs to be forwarded to the District Attorney as soon as possible.
- I. If the case is HIGH PROFILE or URGENT, it is recommended that the investigator inform the District Attorney's Office by contacting the MDT Coordinator within 24 hours of the report. If the report comes in when the District Attorney's Office is closed, it is recommended that the on-call Deputy District Attorney (DDA) be notified that there is a high profile or urgent child physical or sexual abuse case that may need immediate attention. The on-call DDA will then relay the information to the MDT Chair or Coordinator. Examples that may warrant immediate attention are cases involving: media attention, on-going risk of harm that cannot be contained, multiple victims or multiple suspects, serious harm (death cases are always urgent cases), or any case where the investigator feels immediate input from the District Attorney's Office could facilitate the investigation. Once a high profile or urgent case is identified, the MDT Chair or designee, with input from the investigator, will make the decision whether to call a special meeting of the MDT to discuss the case. The MDT Chair or designee, with input from the investigator, may also initiate a Major Crime Team Call Out, if deemed appropriate.
- J. In accordance with **ORS 419B.015** and **ORS 419B.020**, upon receipt of a report of child abuse, DHS or the Law Enforcement Agency **must immediately** cause an investigation to be made to determine the nature and the cause of the abuse of the child and immediately cross-report the investigation (Law Enforcement notifies DHS and DHS notifies Law Enforcement). If Law Enforcement conducts an investigation and finds reasonable cause to believe that abuse has occurred, the Law Enforcement Agency shall notify by oral report, followed by written report, the local office of DHS. The agency receiving the initial report

shall indicate whether or not that agency intends to conduct an investigation. The agency receiving the cross report shall determine whether or not their agency will conduct further investigation and, if so, include the name of the responsible party in their response.

- K. In all cases, other than high profile or urgent cases, DHS or Law Enforcement Agencies receiving a report of suspected child physical abuse, child sexual abuse, child neglect, or unlawful exposure to a controlled substance that subjects a child to substantial risk of harm to the child's health or safety (**ORS 419 B.005** requires mandated reporting), shall contact the District Attorney's Office through the MDT Coordinator by the next working day to get the case scheduled on the next MDT Meeting Agenda.

IV. **KARLY'S LAW PROTOCOL (See also "Algorithm for Karly's Law Reporting" attached)**

Karly's Law, **ORS 419B.023** and **ORS 419B.024**, has specific requirements regarding the handling of cases involving suspicious physical injury that must be met by Law Enforcement, the Department of Human Services, and Medical Providers. Suspicious physical injury includes, but is not limited to:

- Burns or scalds;
- Extensive bruising or abrasions on any part of the body;
- Bruising, swelling, or abrasions on the head, neck, or face;
- Fractures of any bone in the 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; **or**
- Any other injury that threatens the physical well-being of the child.

Note that "suspicious" refers to the injury itself and not the mechanism. If a person conducting an investigation under **ORS 419B.020** observes a child who has suffered a physical injury and the person is **certain or has a reasonable suspicion** that the injury is **or may** be the result of abuse, then the person shall, in accordance with the protocols and procedures of the county MDT described in **ORS 418.747**:

- A. DHS or Law Enforcement will immediately photograph or cause to have photographed the suspicious physical injuries in accordance with **ORS 419B.028**;
- Photographs must be taken each time a suspicious physical injury is observed by DHS or Law Enforcement, regardless of whether the child has previously been photographed for a different injury (**ORS 419B.023(3)**).

- These photos shall be placed in relevant Law Enforcement, DHS, and Medical Files within 48 hours (**ORS 419B.028(2)(a)**).
 - These photos shall be provided to a designated Medical Professional (via the CAC) and to the MDT Coordinator within 48 hours (**ORS 419B.023(2)(b)**).
- B. Ensure that a designated Medical Professional conducts a medical assessment within 48 hours or sooner if dictated by the child's medical needs.

If the injury is not accidental and is caused by another person, it falls under Karly's Law. Abuse injuries are often described by the caregiver as accidental; IT IS THE INVESTIGATOR'S ROLE to investigate whether the description of the cause is consistent with the nature of the injury.

V. MEDICAL ASSESSMENT PROTOCOL (**ORS 418.746**)

A. Physical Injury

1. A Designated Medical Professional (DMP) as defined in **ORS 418.747(9)**, must conduct a medical assessment of cases involving suspected physical injury within 48 hours (**ORS 419B.023(2)(b)**). However, if after a reasonable effort, Law Enforcement or DHS personnel are unable to get the child seen by the DMP or their designee, the child must be seen by any available physician (**ORS 419B.023(4)(a)**). A medical assessment should encompass a head-to-toe exam and not just the specific area of concern. Particular attention should be paid to the head/facial injuries and any concern for abdominal injury/trauma, as these areas can suffer severe injury with limited or subtle signs. The Emergency Department (ED) medical records and all involved agency reports and photos should be sent to the Lincoln County CAC for review by the DMP within 72 hours. In cases of prolonged abuse or suspicious broken bones, a skeletal survey may be appropriate and should always be something that is considered. If deemed to be appropriate, the DMP should assist in making arrangements for the skeletal survey.
2. If the child is seen by a medical professional other than the DMP, that medical professional shall make photographs, clinical notes, diagnostic and testing results and any other relevant materials available to the DMP within 72 hours following the evaluation of the child (**ORS 419B.023(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)).*
3. The medical professional may consult with, and obtain records from, the child's regular pediatrician or family physician (**ORS 419B.050**).
4. If the child is under 5 years of age, the medical professional may, within fourteen days, refer the child 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 (**ORS 419B.023(6)**).

5. Nothing in this section limits the rights provided to minors in **ORS Chapter 109** or the ability of a minor to refuse consent to the medical assessment described in this section.

B. Sexual Abuse

1. All acute sexual assaults should be taken immediately to the local Emergency Department for an acute evaluation and forensic evidence collection. Sexual assault nurse examiners (SANEs) may not evaluate children under the age of 16. However, any emergency department physician may perform such an examination on any patient/child of any age. Vaginal swabs on pre-pubertal girls should be done only if there is a concerning fluid seen within the vagina or if, based on the facts as presented, the investigator believes that it may result in recovery of evidence.
2. If the child is seen by the DMP, it is recommended that the DMP follow the Oregon Medical Guidelines for Evaluation of Sexual Abuse in Children and Adolescents when determining the scope of the examination of the child. Generally, the head-to-toe exam is appropriate, including a visual exam of the child's genitalia; however, an evasive gynecological exam (and photography) should only be done if the DMP deems it to be medically necessary or appropriate, or based on the facts as presented, there is reason to believe that such an exam may obtain evidence of sexual abuse. As a general rule, the likelihood of recovery of any evidence is highly unlikely after 84 hours. Even if the assault occurred within 84 hours, based on the nature of the assault, the likelihood of evidence recovery may be slight. Therefore, the DMP should also decide, based on the facts, whether any invasive exam is appropriate, always keeping in mind that no matter how carefully done, a traumatized child may be further traumatized by an invasive exam. The DMP should work closely with the investigators when making a determination of the scope of the exam.
3. Although obtaining a pre-exam history from the child is recommended and appropriate, the DMP should, in keeping with the Oregon Medical Guidelines for Evaluation of Sexual Abuse in Children and Adolescents, have it done by another trained member of the staff, have it witnessed by a staff member (who is responsible for taking notes of the questions and answers), have it recorded, or have it be done in a way that the investigator(s) can listen in. The purpose of this standard is to maintain the integrity of the investigation. The DMP should use all information obtained, including the pre-exam history provided by the child, when making a determination as to the scope of the exam.

C. Neglect

If a child is removed from a home for acute neglect, they should be immediately taken to the local Emergency Department for a complete medial evaluation, with a follow-up evaluation scheduled non-urgently at the CAC. If the child has a non-acute history of neglect, and no medical complaints, an examination at the LCCAC is warranted but can

be scheduled non-urgently. Dental neglect should be evaluated by a dentist, with a medical evaluation at the ED urgently/CAC non-urgently if there are concerns of medical complications related to the dental neglect (for example: Failure to thrive).

VI. MDT FAMILY NOTIFICATION PROCEDURES FOR ABUSE IN CHILD CARE SETTING

Upon determination that there has been a CLEAR DISCLOSURE of abuse in a child care setting, the following procedures are to be used for contacting the families of other children in the child care facility.

Clear Disclosure means that there is probable cause to believe that the reported abuse has occurred.

A. Child Care Facility (CCF)

If the alleged abuse occurred in a CCF you must immediately notify the Department of Employment, Child Care Division (541) 687-7392. The Certification Specialist is available to assist in your investigation and can specifically help in obtaining CCF client records and history of compliance with health and safety issues. **This immediate notification is not discretionary; it's mandatory and should be documented in the investigator's report.**

A **CCF** is a facility that provides child care to children, but does not include facilities that are (1) primarily educational (unless provided to pre-school child for more than four hours a day); (2) primarily supervised training in a specific subject, such as dancing, drama, music or religion; (3) providing care that is primarily an incident of group athletic or social activity sponsored by or under the supervision of an organized club or hobby group; (4) operated by a school district, political subdivision of the state or a governmental agency; (5) licensed residential facilities; or (6) babysitters (supervision provided in the home of the child). Refer to **ORS 657A.250**.

B. Non CCFs

If the alleged abuse did not occur in a CCF, notice need only be provided to parents. Get a list of the children (including their parents' names, addresses, and phone numbers) who attended the child care during the time of the suspected abuse. If the records are not voluntarily produced, contact the DA's Office for a subpoena.

Non CCFs will typically be small home or family informal child care facilities.

C. DHS-Child Welfare / Law Enforcement Agency (LEA) Coordination

1. DHS/Child Welfare will notify other families as needed for child safety and coordinate their efforts with Law Enforcement to make notifications as soon as practicable without adversely affecting the potential criminal investigation.
2. Law Enforcement should recognize that such cases create enormous anxiety in the community. They should conduct their investigation without delay so that

notification of other interested families can proceed as quickly as possible without hindering the investigation.

VII. MDT LINCOLN COUNTY CHILD FATALITY REVIEW TEAM (ORS 418.785)

A. Purpose

This policy is formulated to meet the requirements of the Multidisciplinary Team Review Process, as outlined in **ORS 418.785**. This review, as part of the state-wide child fatality process, will help prevent future deaths.

B. Policy

Participating agencies will provide a mechanism for the review of child deaths in Lincoln County. The members of MDT shall assign any person necessary to complete the child fatality investigation.

C. Objectives

1. Review all deaths in Lincoln County of individuals under 18 years of age if there was an autopsy performed or suspected neglect or abuse was involved.
2. Identify the underlying circumstances contributing to the child's death.

D. Definitions

1. *Non-Preventable Death*

- Non-preventable prematurity
- SIDS – Non-preventable
- Terminal medical condition
- Natural disasters
- Unforeseeable medical complications

2. *Preventable Death*

- SIDS – Preventable
- Intentional and unintentional injuries
- Medical misadventures (malpractice, foreseeable complications)
- Lack of access of medical care
- Neglect and reckless conduct
- Preventable prematurity

E. Membership

1. *Lincoln County Child Review Team – Regular MDT Members*

- Lincoln County District Attorney
- DHS/Child Welfare
- Lincoln County Health and Human Services
- Lincoln County Sheriff's Office
- Lincoln County Medical Examiner
- Designated Medical Professional (DMP)
- Lincoln City Police Department
- Newport Police Department

- Toledo Police Department
- Oregon State Police
- Lincoln County Children’s Advocacy Center (CAC)

These regular members should be present at each meeting and be prepared to contribute information regarding the cases being reviewed at each meeting.

2. *Lincoln County Child Review Team – Other Members*

Other members who may attend Lincoln County Child Fatality Review Team meetings, but whose presence is not required, shall consist of representatives from the following agencies:

- Adult Parole and Probation Department
- Court Appointed Special Advocate
- Victims’ Advocate
- Juvenile Department
- Local School District
- Pediatrician
- Other persons specially trained in child abuse, child sexual abuse, and criminal investigation.

F. Membership Roles

1. *Chairperson*: The Fatality Review Chairperson shall be appointed by the Lincoln County District Attorney. Normally, this role shall be filled by the Deputy District Attorney who chairs the MDT meetings.
2. *Vice Chair*: A Vice Chair shall be selected by the Fatality Review Team to chair the fatality review process in the absence of the Chair.
3. *Secretary*: A secretary shall be selected for the purpose of keeping minutes and records of the Fatality Review Team and for distribution of meeting agendas and forms. The Secretary shall be responsible for providing members with a current list of membership, agencies represented, addresses, phone, and fax numbers.
4. *Members*: Members of the Fatality Review Team will be appointed by the Multidisciplinary Team Chair in accordance with these protocols:
 - New members shall be appointed within 30 days of an opening occurring on the Fatality Review Team.
 - New members will be given copies of the protocol, minutes of the past several business meetings, and other pertinent materials concerning the fatality review process by the Secretary.
 - Substitution of members shall require approval of the Multidisciplinary Team Chair.

G. Confidentiality

1. Because the purpose of the Fatality Review Team process is to conduct a full review of each reported case, members of the Fatality Review Team must share confidential information about children and families. Therefore, confidentiality

statements will be signed by team members prior to each meeting of the Fatality Review Team, agreeing that all information disclosed during the Team Review will remain confidential and will not be used for purposes outside the purview of the review process.

2. Fatality Review Teams are exempt from public open meeting laws and subpoena.
3. A child Fatality Review Team shall have access to and subpoena power to obtain all medical records, hospital records and records maintained by any state, county or local agency, including, but not limited to, police investigative data, coroner or medical examiner investigative data, and social services records, as necessary to complete a child abuse investigation or review of a specific fatality under **ORS 418.785**.

H. Lincoln County Child Fatality Review Team Procedures

1. The *Health and Human Services Director* will review all death certificates, medical examiner reports, and autopsy reports for children less than 18 years of age in **December** of each year, and shall forward on a list of names of these children to all of the members of the Child Fatality Review Team by the end of **the second week of January** of each year.
2. The *Health and Human Services Director* will review over the phone with the *Fatality Review Chair* and *at least one other member of the Fatality Review Team* all child fatalities that occurred within the past year. These three will prescreen cases in order to use the team's time most efficiently and to develop an agenda of cases that should be scheduled for review.
3. The *Lincoln County Fatality Review Team*, unless otherwise agreed, will meet **every 6 months on the 3rd Thursday of January and July at 9:00am** to review all cases of fatalities of children 0 to 18 years of age in which there was a medical examiner autopsy or medical examiner report since the previous meeting. The Fatality Review Team may also choose to review those cases where there was not a medical examiner autopsy or report done, but where there is a suspicion of neglect or abuse. Any member of the team may suggest the review of a case that falls into that category. Suggestions should be made to *the Fatality Review Chair* by the end of the **third week of December or June**.
4. *Any member of the Fatality Review Team* may request an emergency Fatality Review Team meeting for cases that qualify as immediate review cases. The member should make the request to the *Fatality Review Chair*. In general, child fatalities which occur outside the hospital setting shall be subject to immediate review. Present at the review shall be the *Medical Examiner, the District Attorney, the Law Enforcement* officers charged with the investigation, the *Directors of Lincoln County Health and Human Services and DHS/Child Welfare*, and any *hospital personnel* involved. The purpose of immediate review shall be to examine the investigative process, determine if any further investigation is required, and whether prosecution is warranted. The case shall then be further reviewed at the next bi-annual meeting to see if policy changes are needed.

5. The *Lincoln County Fatality Review Team* shall also review Lincoln County Child Fatality Review Team Protocols during the bi-annual meetings.
 6. The *Fatality Review Team Chair* will be responsible for determining the meeting place and time, and providing team members with all documents relevant to the child's death at least two weeks prior to the date scheduled for the review.
 7. Team members will be responsible for forwarding to the *Fatality Review Team Chair* **one week before the bi-annual meeting** or immediately upon the decision to call a meeting of the team:
 - a) *District Attorney's Office*: Death certificate, medical examiner report, and autopsy report.
 - b) *District Attorney*: Law Enforcement reports, other documentation relevant to the case including, but not limited to, juvenile court records, mental health treatment records, and school records.
 - c) *Medical Examiner*: Relevant medical treatment.
 - d) *Designated Medical Provider*: Documentation relevant to the case, including Children's Advocacy Center records.
 8. The *Chair* shall be responsible for forwarding on any additional information gathered by the Fatality Review Team members to the rest of the team.
 9. After review of the cases, the *Secretary* shall be responsible for filling out the "Local Child Fatality Team Review" form and forwarding it to the State Review Team, along with copies of the Law Enforcement reports. A copy of the form shall be maintained by a *representative of the District Attorney's Office*.
 10. For fatalities due to abuse and/or neglect, the *Lincoln County DHS/Child Welfare Director* shall be responsible for seeing that the "Child Fatality Due to Abuse/Neglect" form is filled out and forwarded to the State Review Team.
- i. Agency Roles
1. **All Agencies**
 - a) Assist the Team in any community education or community action deemed necessary for the prevention of child fatalities.
 - b) Assist the Team in determining preventability and making recommendations regarding community resources and possible action plans for prevention.
 - c) Research agency files for any information on the child/family of the cases to be reviewed, and supply pertinent information to the Team.
 - d) Attend Fatality Review Team meetings.
 2. **District Attorney's Office**
 - a) Responsible for the appointment of Fatality Team Chairperson.
 - b) Chairperson shall be responsible for chairing the Fatality Review Team meetings.
 - c) Review information supplied by the Health Department and Medical Examiner's office in advance of the Team Review meeting.

3. **Health Department**

- a) Forward copies of all death certificates of deceased individuals under the age of 18 that have not already been reviewed by the Medical Examiner to the Medical Examiner.
- b) Review information supplied by the Medical Examiner in advance of Team Review meeting.

4. **Medical Examiner**

- a) Review all death certificates of children under 18.
- b) Notify the Fatality Review Team Chair at least 4 weeks prior to the date scheduled for review, of the name, date of birth, date of death, cause of death, and parents' names, for each case to be reviewed.

5. **Law Enforcement**

- a) Review information supplied by the Medical Examiner's office in advance of the Team Review meeting.
- b) Review any Law Enforcement documents and reports for information pertaining to the deaths being reviewed in advance of the Team Review meeting, if such documents exist.

J. Preventable/Non-Preventable Assessment

The Fatality 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. Specifically, the Fatality Review Team will ask the following questions:

- 1. How could this death have been prevented?
- 2. What resources were lacking that may have prevented this child's death?
- 3. What are our recommendations?
- 4. What is our action plan for implementation?

VIII. OTHER IMPORTANT REQUIREMENTS

- A. DHS: In accordance with **ORS 418.800(3)(a) & (4)**, if DHS asks a parent, caregiver, or guardian to leave the home voluntarily during a child sex abuse investigation, the department shall notify (in writing) the District Attorney responsible for the MDT within 3 business days of the parent's departure. The parent, guardian, or caregiver may ask the DA to review the case, and the DA and MDT will review the matter within 90 days of the request and provide a summary of the proposed timeline for completing the investigation.
- B. All members of MDT must follow the provisions of **ORS 418.747 et, seq.** regarding mandatory reporting.
- C. Per **ORS 418.747(8)**, the Lincoln County Multidisciplinary Team shall review sensitive cases after the completion of court actions. Non-offender parents and independent citizens can be invited to attend a Multidisciplinary Team meeting to review the investigative procedures in future investigations. Parents of the child abuse victim shall

be notified of the review process. A sensitive case is one determined to be so by the District Attorney or the MDT Review Chair.

- D. All information and records acquired by a county Multidisciplinary Child Abuse Team established under **ORS 418.747** or a Child Fatality Review Team established under **ORS.785**, in the exercise of its duties, are confidential and may be disclosed only when necessary to carry out the purposes of the child abuse investigation or the child fatality review process and in accordance with law.
- E. A member agency of a county Multidisciplinary Child Abuse Team or a member of the team may use or disclose protected health information without obtaining an authorization from an individual or a personal representative of the individual, if use or disclosure is necessary for public health purposes, including the prevention, investigation, and treatment of child abuse, and in accordance with the law.
- F. By law and in accordance to best medical practices, **all children suspected of being victims of any form of abuse deserve and require a child abuse medical assessment by or under the direction of a licensed physician or other licensed health care professional trained in the evaluation, diagnosis and treatment of child abuse (ORS 418.782)**. The Lincoln County CAC is the primary location for such healthcare professionals in Lincoln County. Because of the small size of our community and the limited availability of such trained medical providers, it is a challenge in Lincoln County to provide access to such an examination to all children suspected of being abused. It may be appropriate to refer them to a nearby center. Most children will need to be “medically screened” by other health care professionals in the county, primarily by the Emergency Department physicians (given the ED’s constant availability) with a subsequent follow-up examination or timely review of the case by the Medical Provider at the Lincoln County CAC. Lincoln County currently does not have a qualified pediatric Sexual Assault Nurse Examiner (SANE). It if is deemed appropriate, on a case-by-case basis, a child may be referred to a pediatric SANE from another county.

MDT Protocol 2016-2018 Approvals



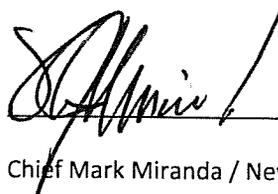
Michelle Branam / District Attorney



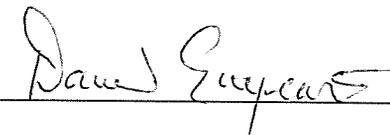
DHS / Julie Davis



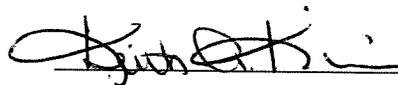
Sheriff Dennis Dotson / Lincoln County



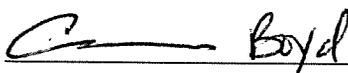
Chief Mark Miranda / Newport Police Dept.



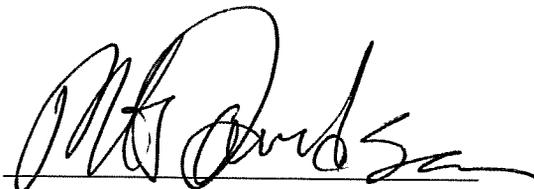
Chief David Enyeart / Toledo Police Dept.



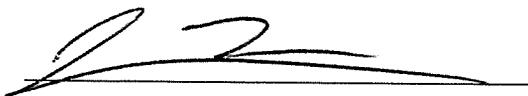
Chief Keith Kilian / Lincoln City Police Dept.



~~Lieutenant~~
~~Sergeant~~ Cari Boyd / Oregon State Police



Dr. Ron Davidson / Children's Advocacy Ctr.



JW Hupp / MDT Chair