



## **RHODE ISLAND CHILDREN’S ADVOCACY CENTERS**

### **MULTI-DISCIPLINARY TEAM (MDT) PROTOCOL**

This protocol describes a statewide interdisciplinary team approach to the investigation and management of child abuse cases, including but not limited to child molestation, physical abuse, child neglect, and child witnesses to abuse or violence for victims through the last day of their 13<sup>th</sup> year of birth. This approach is predicated on a professional consensus that it prevents further trauma to child victims (or other special needs cases) by minimizing the number of historically required interviews and court appearances. The prosecution process is streamlined by this approach. As a result, more offenders are held accountable for serious crimes.

The investigative team is made up of representatives from law enforcement, Department of Children, Youth, and Families (DCYF), Office of the Attorney General (AG), mental health, victim advocacy, Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) (when applicable) and Day One’s Children’s Advocacy Centers (herein referred to as the CAC). Due to time constraints, Hasbro Hospital’s Child Protection Program (CPP) participates on the investigative team when available. A designated CAC Forensic Interview Specialist will be available to the team to conduct the forensic interview.

The following is a description of the investigative process and the responsibility of each agency representative when involved in these cases.

#### **A. RESPONDING TO THE COMPLAINT**

When a report of sexual abuse or severe physical abuse is made and the first contact is either DCYF or Law Enforcement (LE), an emphasis should be placed on reducing the number of times and the number of people to whom a child has to recount his/her abuse. Both DCYF and Law Enforcement, as first responders should take steps to refer cases to the CAC as soon as possible and to provide as much information at the time of referral.

<b>DCYF</b>	<b>POLICE</b>
1. When the first contact is DCYF and the complaint is a CPS Level 1, 2, or 3 (as determined by DCYF policy, protocol, and procedures), the assigned Child	1. When the first contact is LE and the complaint involves a mandatory report to DCYF, LE will contact DCYF at 1-800-RI-CHILD to report the alleged

<b>DCYF</b>	<b>POLICE</b>
<p>Protective Investigator (CPI) will determine whether or not there is already police involvement and/or assess the need for police involvement. If police have not been notified, the CPI will call the LE agency <u>where the alleged abuse occurred</u> to report the complaint. LE and the assigned CPI will respond jointly whenever possible. Where Law Enforcement is not required to be involved, the CPI will respond as soon as possible.</p>	<p>abuse. LE and assigned Child Protective Investigator (CPI) will respond jointly whenever possible. Where DCYF is not required to be involved, police will respond as soon as possible.</p>
<p>2. The CPI and/or LE will complete an initial assessment of the allegations. This will include determination of jurisdiction, identification of the suspect, and basic elements of the allegations. First responders are no longer required to obtain minimal facts relayed by the child to a non-relative. A referral to the CAC should be made for an interview even if the only disclosure from the child is to a parent or relative.</p>	<p>2. LE and/or the CPI will complete an initial assessment of the allegations. This will include determination of jurisdiction, identification of the suspect, and basic elements of the allegations. First responders are no longer required to obtain minimal facts relayed by the child to a non-relative. A referral to the CAC should be made for an interview even if the only disclosure from the child is to a parent or relative.</p>
<p>3. The CPI and/or LE will obtain detailed information from any person to whom the child disclosed.</p>	<p>3. LE and/or CPI will take a detailed statement from any person to whom the child disclosed. If DCYF is on scene and has obtained ANY information from the child and/or individuals on scene, police will document what was said immediately.</p>
<p>4. The CPI and/or LE will interview other material witnesses, such as the non-offending parent, ‘fresh complaint’ or other witnesses, etc. Law Enforcement will also proceed to obtain other potential evidence such as photographing the crime scene, seizing clothing or bedding, and if appropriate, make an arrest based on probable cause.</p>	<p>4. LE and/or CPI will interview other material witnesses, such as the non-offending parent, ‘fresh complaint’ or other witnesses, etc. Law Enforcement will also proceed to obtain other potential evidence such as photographing the crime scene, seizing clothing or bedding, and if appropriate, make an arrest based on probable cause.</p>
<p>5. The CPI will refer cases to the CAC by contacting the CAC Intake Manager at</p>	<p>5. LE will refer cases to the CAC by contacting the CAC Intake Manager at</p>

<b>DCYF</b>	<b>POLICE</b>
<p>(401) 421-4100 and faxing all available reports, including but not limited to Police, DCYF, medical, etc, to (401) 454-5565. Receipt of these additional reports should not preclude an interview from being scheduled.</p>	<p>(401) 421-4100 and faxing all available reports, including but not limited to Police, DCYF, medical, etc, to (401) 454-5565. Receipt of these additional reports should not preclude an interview from being scheduled.</p>
<p>6. The CAC Intake Manager will then contact all representatives and schedule an interview if needed.</p> <ul style="list-style-type: none"> <li>• Team members are invited and encouraged to attend all interviews. In the event that a team member, other than the team member referring the case, cannot attend an interview, the interview should still be scheduled within a timely fashion without the presence of that particular team member. However, if a non-referring team member has a strong belief that they must be present for the interview, the team members must take this information into consideration before the interview is scheduled.</li> <li>• The interview shall be scheduled to take place within <u>four (4) business days</u>.</li> <li>• The CAC Intake Manager will notify the Attorney General, Police, DCYF and other appropriate team members of the interview date, time, and location.</li> <li>• Each team member shall confirm their attendance for the forensic interview in advance of the scheduled interview date/time.</li> <li>• Each team member should make every effort to maintain communication with the Intake Manager and to attend the forensic interview or send a suitable substitute so as not to delay the interview.</li> </ul>	<p>6. The CAC Intake Manager will then contact all representatives and schedule an interview if needed.</p> <ul style="list-style-type: none"> <li>• Team members are invited and encouraged to attend all interviews. In the event that a team member, other than the team member referring the case, cannot attend an interview, the interview should still be scheduled within a timely fashion without the presence of that particular team member. However, if a non-referring team member has a strong belief that they must be present for the interview, the team members must take this information into consideration before the interview is scheduled.</li> <li>• The interview shall be scheduled to take place within <u>four (4) business days</u>.</li> <li>• The CAC Intake Manager will notify the Attorney General, Police, CPS and other appropriate team members of the interview date, time, and location.</li> <li>• Each team member shall confirm their attendance for the forensic interview in advance of the scheduled interview date/time.</li> <li>• Each team member should make every effort to maintain communication with the Intake Manager and to attend the forensic interview or send a suitable substitute so as not to delay the interview.</li> </ul>

<b>DCYF</b>	<b>POLICE</b>
<p>7. Police or DCYF should coordinate the child’s attendance at the interview. If DCYF is involved, they are responsible for securing an interpreter, if one is necessary for the interview.</p> <p>The CPI and/or LE will advise the non-offending caretaker that an in depth, forensic interview will take place at the CAC where all investigative agencies will be represented and trauma to the child minimized.</p> <p>All cases should be referred for medical evaluation, as below.</p>	<p>7. Police or DCYF should coordinate the child’s attendance at the interview. If DCYF is not involved, LE is responsible for securing an interpreter, if one is necessary for the interview.</p> <p>LE and/or the CPI will advise the non-offending caretaker that an in depth, forensic interview will take place at the CAC where all investigative agencies will be represented and trauma to the child minimized.</p> <p>All cases should be referred for medical evaluation, as below.</p>
<p><b>Additional Notes:</b></p> <ul style="list-style-type: none"> <li>• Leading questions and questions about ‘why’ the abuse occurred should be avoided. Every effort should be made to avoid victim interviews in the late evening or early morning hours. AN IN-DEPTH INTERVIEW of the child should not be conducted at this time.</li> <li>• If the child is non-verbal, but is indicating behavioral symptoms, referral to the CAC should still be made.</li> <li>• Where DCYF have determined that the target poses an imminent danger to the victim or others, and/or need information to ensure the safety of the child, the CPI will, if possible, obtain detailed information from the child immediately. The information should be documented through a detailed written summary.</li> <li>• Although the preference is to utilize the CAC for interviews, all investigations differ in some respect and the approach must be flexible and permit the responding officer or investigator to use common sense in following the policy. For example, if the child volunteers detailed information beyond the basic</li> </ul>	<p><b>Additional Notes:</b></p> <ul style="list-style-type: none"> <li>• Leading questions and questions about ‘why’ the abuse occurred should be avoided. Every effort should be made to avoid victim interviews in the late evening or early morning hours. AN IN-DEPTH INTERVIEW of the child should not be conducted at this time.</li> <li>• If the child is non-verbal, but is indicating behavioral symptoms, referral to the CAC should still be made.</li> <li>• Where the police have determined that the target poses an imminent danger to the victim or others, and/or need information to determine probable cause to make an arrest immediately, the police will, if possible, obtain detailed information from the child in a question and answer format immediately and not delay the statement for a CAC interview. The information should be documented through a detailed written statement by the officer or taped statement from the child.</li> <li>• Although the preference is to utilize the CAC for interviews, all investigations differ in some respect and the approach</li> </ul>

DCYF	POLICE
<p>facts, that information should be written down or otherwise recorded and the report should reflect the circumstances under which the child made the disclosures. The child should not be stopped from providing information to DCYF or law enforcement, where the child is making a voluntary disclosure. Similarly, if the child is <u>not</u> volunteering information, questioning should be avoided except in circumstances outlined in additional notes above.</p>	<p>must be flexible and permit the responding officer or investigator to use common sense in following the policy. The child should not be stopped from providing information to DCYF or law enforcement, where the child is making a voluntary disclosure. For example, if the child volunteers detailed information beyond the basic facts, that information should be written down or otherwise recorded and the report should reflect the circumstances under which the child made the disclosures. Similarly, if the child is <u>not</u> volunteering information, questioning should be avoided except in circumstances outlined in additional notes above.</p>

**B. MEDICAL EXAMINATIONS:**

Medical Examinations should be completed for all children who have disclosed sexual abuse and/or physical abuse, regardless of the degree of abuse or delay in report. The timing and location of each examination is case dependent. Therefore, to ensure that victims receive appropriate medical care, each case should be reviewed immediately with a Child Abuse Pediatrician at Hasbro Children’s Hospital Child Protection Program (CPP) before sending any child and their family to an emergency department or a medical office.

To do this, DCYF or Law Enforcement should consult with a CPP Physician to determine the time and location for each victim’s physical examination and potential evidence collection. To contact a CPP Physician during normal business hours call **401-444-3996**, or call the page operator any time at **401-444-5611**, press “0” and ask the operator to page the CPP Physician on call.. Every effort should be made to have a child examined by a CPP Physician as they have expertise in and access to state of the art medical equipment available to perform such examinations. If it is not possible to respond to Hasbro Children’s Hospital, the child should be seen at their local hospital emergency room.

All medical examinations are conducted in a hospital setting that provides 24-hour/day services with a callback system in place for those physicians specializing in child abuse. If the assault is recent, having occurred within 72 hours, and/or if the child appears to be in need of medical care, a medical examination will be performed immediately. If there is no health or life-threatening emergency, and if the assault is not recent, the decision as to time and place of medical examination is made by investigative team members. Depending on circumstances, a medical evaluation may be recommended before or after a forensic interview of the child at the CAC. Once the investigative team makes a referral, medical staff explains to family and victim the

purpose of the medical examination. Multiple medical examinations of children are generally avoided.

Medical examinations are completed to ensure the health and well-being of child victims, to inform the investigative process, and collect any potential evidence when abuse is suspected. The CPP provides the CAC, law enforcement, child protection, and prosecution with a completed report of exam, which is reviewed by all investigative team members. If the child is scheduled for the interview before the medical report is completed, the physician provides a summary of the medical examination to the interviewer. Similarly, if the forensic interview has already been completed then the CAC will provide the examining physician with a summary of the child's disclosure.

### **C. FORENSIC INTERVIEW CRITERIA:**

The following criteria may expand or be restricted dependent on individual circumstances and the CAC's resources to manage the volume of cases referred. Therefore, these criteria will be assessed on an on-going basis. For all cases where a Forensic Interview is not recommended, the case will be referred to the CAC for case management, assessment, and follow-up.

1. Children up to the 14<sup>th</sup> birthday can be interviewed with exceptions made upon request.
2. Child must be verbal and making disclosures of physical abuse, sexual abuse, criminal neglect, and/or witnessing abuse or violence. Cases based upon behavioral indicators alone are not appropriate for interviews. Such cases should be referred for review at the corresponding multidisciplinary team meeting to decide on appropriate follow-up and investigative actions.
3. The alleged abuse must have occurred in one of the jurisdictions which has formally agreed to participate in the multidisciplinary process and follow the agreed upon CAC MDT Protocol or by special request. Jurisdictions include Providence, Washington, Kent and Newport Counties.
4. Minimal facts from fresh complaint and or other material witnesses must be received and documented.
5. Interviews will be completed for the purpose of a criminal and/or child protection investigations.
6. Referrals for courtesy interviews are accepted from law enforcement and/or child protective services from outside jurisdictions upon request. A signed Memorandum for a Courtesy Interview is required before an interview is scheduled.
7. Cases may be given priority based on: incident having occurred prior to the child's fourteenth (14th) birthday, history of past abuse, severity of the abuse, the risk of continued sexual, physical and/or emotional abuse of the child, and the number of victims involved.

#### **D. FORENSIC INTERVIEWS**

1. Police, Prosecution, DCYF, the Forensic Interviewer and Medical Personnel (when available), shall be present to observe the forensic interview(s). Only identified members of the investigative team shall observe the interview. Others may only observe upon authorization by the CAC Director.
2. The CAC Forensic Interviewer, designated by the Attorney General under RIGL 11-37-13.1, shall be a notary public, and shall be trained to conduct non-leading, forensically sound interviews.
3. All CAC interviews should be recorded to DVD when the child victim is under the age of fourteen (14). The Attorney General's prosecutor will determine the use of video recording for victims fourteen (14) years of age or older. All video recordings made shall be turned over to the Police and Attorney General immediately after the interview. Parents or non-offending family members are not allowed under any circumstances to observe the forensic interview or the video recording of the interview.
4. The video camera shall be turned on prior to the child/witness entering the interview room. Team members shall observe from a nearby observation room and shall be able to communicate to the Interviewer during the interview without distracting the child or interrupting the interview.
5. The child and his/her parent may remain at the CAC while the team determines next steps and what follow-up, if any, should be taken and by whom. Parents who remain will be afforded an opportunity to meet with the team to discuss next steps (the extent of which will be determined by the team).
6. Cases interviewed at the CAC should be teamed at the next MDT meeting for the County in which the interview was held and team members present at the interview or responsible for the case should be available to provide information for the team meeting. See Case Review below for information about the MDT case review process and participation.

#### **E. CASE REVIEW**

An additional service of the CAC is case review at MDT meetings. This team can be utilized in several ways. As a case is being investigated it may be useful for the investigative team (police, DCYF, prosecutor, etc.) to attend the MDT meeting for case consultation or to lay out the facts of the case and determine the next step. This may include scheduling an interview, referral for therapy or waiting until the child is older etc.

At the first meeting after a case has been brought into the advocacy center, the investigative team will present a review of the case. Facts revealed during the investigation will be discussed, and team members should be free to ask questions. Other professionals involved in the case may add any additional information, such as the family's attitude toward criminal prosecution, progress in therapy, and the need for, or the results of, a medical exam. During this discussion, team members will discuss and recommend a course of action for each case that meets the best interests of the child involved.

Cases may be brought before the team several times, particularly if a decision is made to file a petition to change the custody status of the child or to prosecute the offender. The child may be referred for a therapeutic assessment; the case may then be continued and all decisions suspended, until the assessment is completed and recommendations are received.

1. The multidisciplinary team consists of
  - A. Senior Prosecutor Designated by the Attorney General
  - B. A DCYF representative designated by the Director of Child Protective Services
  - C. A Mental Health Professional With Expertise in Child Sexual Abuse
  - D. CAC Director or Coordinator
  - E. Victim Advocate
  - F. Medical Clinician With Expertise in Child Sexual Abuse (as needed)
  - G. A representative from the Division of Developmental Disabilities/Quality Assurance
  - H. Police detective from the department in which the crime originated (per case)

To the extent possible this team will consist of the same individuals for all cases being reviewed. Stability over the course of at least one-year should be the minimum. Each team member should have as many back-ups as necessary. People who serve as back-ups must have met the Team membership guidelines for their respective disciplines. Every effort must be made for the original team to respond when possible.

2. The Multidisciplinary Team will meet on a regular basis to review all active cases in which the Advocacy Center has been involved. All reports of sexual abuse and serious physical abuse will be brought before the team – usually at the first meeting held after the report is made. Team meetings will be held at the CAC sites. An agenda of the cases to be presented will be provided to all team members. The meeting will be chaired by the Director of the CAC or her designee.
3. The review by the Multidisciplinary Team will be done to:
  - A. Monitor and determine the sufficiency of the interview of the child;
  - B. Discuss and plan the progress of the investigation;
  - C. Review or determine the necessity of a medical exam;
  - D. Discuss protection issues and provide input in the decision to remove the child;
  - E. Provide input to the Attorney General to assist the Attorney General in making the decision to prosecute;
  - F. Discuss treatment needs of the child and family;
  - G. Review family attitude toward criminal prosecution;
  - H. Coordinate criminal and family court proceedings;
  - I. Discuss support for non-offending parents, siblings and other family members;
  - J. Produce a written record of findings and recommendations to be furnished to investigative team;
  - K. Provide for a case specific review date
  - L. Triage cases to determine a next step and/or to “sign-off” on a case

4. Procedural orientation of the function and the MDT protocol will be provided by the Director of the CAC for all multidisciplinary team participants.

To schedule a case for the multidisciplinary team, call the contact person noted below.

**Multidisciplinary Team Schedule**

Providence County Team -	1 <sup>st</sup> and 3 <sup>rd</sup> Thursday/month 1:00 p.m. - 2:30 p.m. Day One - RI Children's Advocacy Center 100 Medway Street (Providence)
Washington County Team -	2 <sup>nd</sup> Tuesday/month 3:00 p.m. – 4:00 p.m. South Kingstown Police Department - Roll Call Room
Kent County Team -	4 <sup>th</sup> Tuesday-Monthly 3:00 p.m. – 4:30 p.m. The Kent Center for Mental Health 2756 Post Road, Suite 200 (Warwick)
Newport County Team -	Quarterly, as scheduled 3:00 p.m. – 4:00 p.m. Newport Police Department - Conference Room

All MDT members attending the meeting will agree to and sign the MDT Confidentiality Agreement. The signed forms will be kept on file and maintained by CAC staff.

**F. CASE TRACKING**

Information sharing and case tracking is integral to the MDT process is completed from the initial complaint, until final disposition of criminal and DCYF investigations or when the child and family are no longer in need of support services. CAC staff communicates with investigative team members in person, by telephone, fax, regular mail and/or e-mail throughout the entire case to ensure that all parties have up-to-date information. Case tracking begins when the initial referral is received by the CAC and continues for those cases appropriate for CAC services.

When as case is referred, the CAC Intake Manager will collect all relevant documentation, including PD incident reports, DCYF reports, medical reports, mental health reports, etc. All available reports will be shared and reviewed by investigative team members directly involved in the case prior to or at the forensic interview. Information may be shared orally between investigative team members if written reports are not available.

On the day of the interview, the investigative team will meet prior to the forensic interview to ensure that all team members are informed of all case updates. Upon completion of the forensic interview the investigative team will reconvene immediately following the interview to determine next steps. The investigative team will determine whether the case will be referred for

prosecution, not referred for prosecution, or will remain pending. In cases where there is DCYF involvement, the status of the DCYF investigation will also be discussed.

Following each interview, the forensic interviewer will complete an Interview Outcome Notification form and indicate whether the case is going to be charge, not going to be charged or remain pending. The form will be submitted to the DCYF MDT liaison, the Victims Witness Advocate liaison from the Department of the Attorney General (AG) and in Providence, to the AG paralegal in the Criminal Division. A copy will be kept in the CAC victim's file. This form will trigger team members to provide periodic updates to the CAC regarding case status for both the criminal investigations and DCYF investigations, until the final disposition.

All cases will be reviewed by CAC staff at weekly triage meetings and will remain on the triage list until a final decision is made for both criminal investigations and DCYF investigations. Cases pending further investigation, a charging decision and/or DCYF findings will automatically be added to the agenda for the next scheduled MDT meeting for discussion. Cases will remain on the MDT agenda until a final charging decision and/or DCYF finding is made. CAC staff will also follow-up individually with team members between MDT meetings to inquire about the status of investigations. CAC staff will document all new information and confirm that all investigative team members are updated.

When a CAC referral is received and a forensic interview is not required, CAC staff will ensure follow-up with the NOC and that victim advocacy, support, and case tracking services are offered. If the NOC decides to access such services, the CAC staff will coordinate follow-up with the investigative team to obtain a status update and the case will be tracked in the same manner as stated above.

When a referral is made to the CAC and the investigative team decides it is in the best interest of the child to postpone the interview, CAC staff will provide follow-up and obtain status updates consistent with CAC Internal Case Coordination Procedures (see CAC Internal Case Coordination Procedures). Cases will be reviewed by CAC staff at weekly triage meetings and will remain on the triage list until an interview is scheduled or the case is closed. When the CAC is notified that the child is ready for a forensic interview, the case will be reviewed at the next scheduled MDT meeting and an interview will be scheduled. Case tracking procedures as stated above will be followed subsequent to the interview.

When a case is referred for prosecution, CAC case tracking updates are received monthly from the AG's office. Additionally, CAC staff will routinely check Court Connect and Victim's Assistance Portal for case status updates or follow-up directly with investigative team members as necessary. When a case is not referred for prosecution, all forms will be updated and the case will be closed. Cases will be officially closed when law enforcement, prosecution, and DCYF have closed their cases and CAC staff will confirm that the NOC is/are updated and support services are no longer needed.

Investigative team members follow their own agency policies for case tracking and documentation. The CAC documents all case tracking information in the Client Tracking Database located in Lotus Notes. Case tracking forms will be updated monthly or as updates are received by the CAC staff person directly receiving the update. Updates obtained at MDT meeting will be entered by the CAC Intake Managers. A service form will be created for each

substantive contact with NOC, investigative team members, and/or service providers. All case tracking information is available to investigative team members and can be accessed by contacting CAC staff to request the information.

### **G. VICTIM ADVOCACY AND SUPPORT**

Victim advocacy and follow-up services will be offered to all victims and their non-offending family member(s) following a referral to the CAC. Upon initial referral, the CAC Intake Manager will confirm that the NOC has received a CAC Guide for Parents and Caregivers brochure. If the NOC is not in receipt of this brochure, one will immediately be mailed to them.

Following a forensic interview at the CAC, the interviewer will provide and explain to the NOC the Follow-up Information for Caregivers Packet and the Criminal Justice System Packet (if applicable). When available, a CAC Case Manager and/ or a Law Enforcement Advocate (LEA) will speak with the NOC about victim advocacy and support services available to them. When a Children's Case Manager or LEA is not available, the interviewer will inform the NOC of these services and that they will receive a follow-up call within a week of the interview.

CAC staff will be responsible for coordinating all ongoing victim advocacy and support services according to CAC Internal Case Coordination Procedures, whether they are provided directly by CAC staff, or by other Day One staff, LEAs, MDT members, and/or outside service providers.

CAC and/or Day One staff are available to provide services including, but not limited to case management, crisis intervention, in-person support, prevention education, case updates, advocacy, court accompaniment, and/or referrals for services. CAC staff will confirm that families are notified of all case updates and case disposition information. All services provided and case information obtained will be tracked and documented in the Client Tracking Database located in Lotus Notes.

### **H. MENTAL HEALTH**

The CAC offers mental health services on site through Day One's Clinical Department, as well as provides referrals to qualified mental health providers with expertise and specialization in working with child victims of abuse and NOC consistent with signed linkage agreements. Following the forensic interview, all child victims and their caregivers are provided with resources to access mental health services either through Day One or other qualified mental health professionals. CAC and/ or other Day One staff also work with the NOC to ensure child victims and their family receive appropriate services.

Mental health services through Day One or through parties wherein there are signed linkage agreements, are provided regardless of ability to pay. Day One therapists see clients for short and long- term abuse focused treatment. Therapy is also provided to siblings and NOC. Support groups are also provided for victims of abuse and their NOC. Therapists also conduct sexual abuse assessments for child protection or family court purposes.

The Clinical and CAC Intake Manager maintain a current list of private and community mental health treatment providers who provide no or low cost treatment. Those providers where a signed linkage agreement are given priority. When children and NOC do not access services through Day One, CAC staff will follow-up to ensure that families make contact with referral agencies such as mental health, health care, or other community agencies.

All Day One clinicians and clinicians who the CAC has signed linkage agreements with have an expertise in sexual abuse and are invited to observe interviews of children they are providing services to. Day One Child Clinicians and/or linkage agreement mental health partners serve as the mental health professional on the MDT and provide mental health assessment and treatment recommendations. In addition, clinicians are able to provide education to the team related to the impact of trauma, child development, and human behavior.

Day One mental health records are maintained and stored separately from CAC records. CAC staff must request clinical records from clinical staff. Details of an investigation are shared with all MDT team members. Interagency agreements and releases of information enable MDT members to share relevant case information while protecting the client's right to confidentiality.

## **I. CONFIDENTIALITY**

1. The CAC Interagency Agreement is signed by the Attorney General, the Director of DCYF, the Executive Director of Day One, the Chief Medical Director of the Child Safe Clinic of Hasbro Children's Hospital, and Chiefs of Police or their designees. The interagency agreement states that the undersigned have read and approve the MDT Protocol. The MDT protocol states that the investigative team members and multidisciplinary team members share all case information.
2. Information regarding case investigations will not be released to other parties without a written release of information by the parent or guardian or where permissible under the law. In the following two instances, information will be released:
  - A. Any information regarding new or different child abuse as mandated by Rhode Island law must be reported to the Department of Children, Youth and Family qualify under the Rhode Island Mandated Reporting Law.
  - B. Information that the client is in danger of inflicting serious harm upon her/himself or others (i.e. suicidal or homicidal) will necessitate appropriate protective measures.
3. All parents or guardians or a representative of an investigating agency (DCYF, Law Enforcement or Prosecution) must sign the CAC releases including, a Request to Conduct a Forensic Interview, an Authorization for Release of Information, and a Consent to Keep. This allows all investigative team members to continue to share case information and updates and the CAC to provide ongoing services.
4. Client records will be secured in a restricted area and will not leave the building unless authorized by the Director of the CAC.

5. The client record includes all investigative case written materials and signed CAC releases.
6. The client record will only be read by Day One/CAC staff members directly involved in the case investigation or clinical treatment of the child.
7. Information regarding clients will only be discussed in supervision, and with investigative and multidisciplinary team members.
8. Case information will not be discussed in the hallways, waiting room, reception area or anywhere else where it may be overheard within the agency.
9. Information regarding clients should not be discussed outside of the agency without releases of information.
10. Use of case information or case materials regarding clients for the purposes of presentation or training outside the agency must be approved by the Executive Director and a signed release of information by the parent or guardian prior to its use.
11. It will be the responsibility of the Executive Director to determine if there has been a willful disregard of these policies/and if there has been more than one violation of these policies, to take immediate corrective action.