



# Children's Center

A child abuse intervention center

**Senate Committee on Human Services and Early Childhood  
HB2234  
April 28, 2015**

**Submitted by Barbara Peschiera, executive director, Children's Center**

Dear Chair Gelser and members of the Senate Committee on Human Services and Early Childhood.

I hope you will support HB2234, which will help stabilize services across Oregon for child abuse victims.

My name is Barbara Peschiera and I am honored to work as executive director of Children's Center, which is the child abuse intervention center serving Clackamas County. We are an independent non-profit organization that was formed in 2002 and we have helped nearly 4,000 kids and families since then. We are a member of the Oregon Network of Child Abuse Intervention Centers, which also is a 501(c)3 organization and has proposed the legislation you have before you today.

**Oregon is fortunate to have a network of strong intervention centers.** While most are free-standing nonprofit organizations, others are based at hospitals and others are based out of District Attorney Offices. Some serve single counties and others serve multiple counties, but the child abuse intervention response is available statewide. What we have in common is a goal is to serve children with a safe and child-friendly environment to assess their health and to help them provide information for investigators. Law enforcement and child protective investigators participate in the assessment to minimize the number of times a child has to share the details of the abuse.

**Most of our centers follow a "medical model."** We serve as specialized pediatric clinics. Most of our centers respond to all forms of abuse and neglect—sexual, physical, emotional—including young victims of sex trafficking. Oregon has more medical models than most states partly because of Oregon's unique Karly's Law that the Legislature passed to create a timely and standard response to cases of suspected physical abuse.

**Children's Center, like the others across the state, is financially fragile.** We are grateful for the Child Abuse Multidisciplinary Intervention funding we receive through the Criminal Fines Account. Several centers receive local funding. But nearly half of our budget is covered by generous donations from individuals, foundations and businesses across the state to support this publicly mandated, essential service. At Children's Center, we started several years ago to dive into the intricacies of medical billing, which amounted to 11% of our overall revenue. We were challenged to find billing codes that adequately reflect the complexity of a child abuse assessment. We use the same "office visit" code for a two-hour exam that general pediatricians use for standard well-check visits. The codes place no value on the forensic interview, which directly informs the diagnosis our pediatrician and nurse practitioners make. Nor do we have the ability to charge for family support services.

**Centers across the state face the same challenges.** The reimbursement is especially low for children covered by Medicaid payers, which account for 76% of our patients statewide. We recoup an average of 22% of the amount that we bill to Medicaid payers. We recoup closer to 60% on claims we file with commercial carriers. But the claims fall short of our true costs because of the problems listed above.

**At Children's Center**, we were able to have conversations with our CCOs about the long-term benefits and value of child abuse assessments and the fact that the reimbursement system is out of whack. We were able to negotiate an "alternative fee structure" for patients covered by CareOregon that pays us a flat fee per patient that is closer to 40% of our costs than the 22% received prior. We were then able to establish similar arrangements with Family Care and with Providence's Medicaid plan.

Children's Center may have moved closer to a sustainable solution, **but it is only partial:**

1. The flat rate is still well below the value of the assessment.
2. We still have other Medicaid and commercial carriers to negotiate with, which takes hours and months.
3. Statewide, we are faced with the directors of 21 centers needing to negotiate with each of their insurance providers in hopes of achieving sustainability but working in a vacuum without consistency.

House Bill 2234 is a SMART solution that will provide stability across a critical public health system. It removes the patchwork nature of alternative fee agreements. It boosts the centers' ability to see every child who needs our services regardless of ability to pay and to meet the public mandate we were created to fill. It will provide stability to financially fragile centers. **It will save lives.**

I'm happy to answer questions you may have. On behalf of the more than 6,000 children served across Oregon each year, I encourage you to support HB2234.

**Thank you!**

  
Barbara C. Peschiera