

From: Becky Jones <becky@childabuseintervention.org>
Sent: Monday, March 23, 2020 12:14 PM
To: Hinsz Jamie <Jamie.Hinsz@oregonlegislature.gov>
Subject: Fwd: COVID-19 and CACs

Hi Jamie,

I've put together a synopsis of how our CACs are operating at this moment in time due to COVID-19. The status of our CACs are changing hourly, and so this information might become outdated. For some background, our 20 CACs employ 275 staff and are supported through state funding at 17% and federal funding right below 10%. Most rural CACs are majority state and federal funded, many CACs serving larger population bases or located on I-5 are dependent on private funding to maintain the staffing they have. Even prior to COVID-19, our CACs were not staffed properly to meet the need, hence our 2020 3M legislative ask.

COVID-19 and CACs

- Many CACs are concerned about the COVID-19 outbreak and must be protective of their community members and staff members. The nature of CAC services is such that children and families may be being served for many hours at the CAC and in contact with many/all staff, so a few different protective protocols have been put in place.
- Some CACs have limited staff hours to comply with social distancing and public health recommendations related to proximity of staff - e.g. operating with skeleton crews and furloughing and/or having some employees work remotely. In these CACs, employees are also asked to maintain 6 foot spacing.
- In limited instances, this has resulted in limiting the hours the CAC is open.
- Staff in CACs who are displaying signs of illness or whose close proximity family members are displaying signs of illness may be staying home for safety reasons.
- Employees who are able to get work done remotely, in some cases can elect to or have been asked to do their work from home.
- Many CACs are screening children and families for symptoms of illness prior to seeing families within the CAC, this may be leading to services being delayed or otherwise not accommodated at the CAC for safety reasons.
- If children or families are experiencing symptoms of illness, a CAC may recommend services equipped to treat the illness and check on the abuse concerns. Whenever possible, the CAC medical provider ensures a warm handoff.
- Some CACs are restricting the cases they are seeing to prevent the spread of COVID-19, this may impact families who are displaying or not displaying symptoms. Examples include taking cases with acute injury, or where timing of CAC visit is vital to the case, and delaying appointments for cases involving historical abuse and/or a child who is otherwise safe.

Likely Impacts

- As CACs continue to follow public health recommendations and do their part to support flattening the curve, we are likely to see the following:
 - huge dips in revenue due to seeing less kids;

- devastating gaps in private funding which for some makes up a large chunk of resource (especially as Child Abuse Prevention Month gatherings get cancelled and fundraisers turn to appeals/online asks);
- lost time to coordination between CAC staff being out/MDT meetings going online/MDT partners being out, etc.;
- cancelled trainings and support services to community members which can impact community education and revenue in some cases.

CACs are very concerned about the ramifications following COVID-19. We know that all families are stressed right now and that children being home during this time could increase the number of children needing services now and after the WHO and CDC guidelines are lifted. We're concerned about a huge influx of cases, which may be unmanageable if all things stay the same. Some CACs are very concerned about how/if they will get through the large dip in private revenue that is occurring and is likely to continue in the coming months.

Warmly,

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