

## Analysis

### Item 31: Department of Justice

#### COVID-19 Impact on Child Advocacy Centers

---

**Analyst:** John Borden

**Request:** Allocate the \$1 million General Fund special purpose appropriation for Child Advocacy Centers to mitigate the financial impact of COVID-19.

**Analysis:** The Legislature, during the 2nd special session of 2020, established a \$1.0 million special purpose appropriation for the Department of Justice (DOJ) to distribute to Children's Advocacy Centers (CACs) to address a potential increase in caseloads or funding shortfalls associated with the COVID-19 pandemic.

While local law enforcement and the Department of Human Services (DHS) are responsible for investigating cases of child abuse, the purpose of CACs is to provide forensic interviews, medical examinations, treatment, mental health treatment, and referral and/or coordination of other services. CACs, if available, also participate in county Multidisciplinary Team (MDT) child abuse case reviews. In the absence of CACs, services are provided by law enforcement, hospitals, or other medical facilities that may not employ individuals with specialized training in child abuse assessments or be able to provide or refer children to support services.

CACs, which may also be referred to as Child Abuse Intervention Centers, are 501(c)(3) non-profit entities. There are 21 CACs across the state, five of which are designated as Regional Assessment Centers or Regional Children's Advocacy Centers and are operated as a CAC. Regional Assessment Centers provide trainings and complex case assistance to both CACs and MDTs. Thirteen CACs provide services to a single county and eight CACs provide services to more than one county, including two Eastern Oregon CACs that provide services to five counties each. CACs operate as a loose network and cases can be transferred among CACs depending upon the available capacity of individual CACs.

Oregon Revised Statute 418.784 establishes a nine member Advisory Council on Child Abuse Assessment appointed by the Attorney General, including a DHS employee, a physician, a person having experience with child abuse, a district attorney or designee of a district attorney, a member of a law enforcement agency, a member from a regional CAC, and three citizens with interest advocating for the medical interests of abused children. The Attorney General serves as an ex officio member of the council. The council:

“...shall direct the administrator of the Child Abuse Multidisciplinary Intervention Program on the administration of funds to establish and maintain children's advocacy centers or regional children's advocacy centers.”

A comparison of year-over-year CAC caseload data for the period January to June 2019 and 2020 reflects a statewide decline of 642 (or 18%) children being served from a total of 4,200 (2019) to 3,558 cases (2020). For some perspective, during the 2017-19 biennium, MDT's reported 19,036 children being served with 75% of these cases residing in 12 counties that are a combination of both

urban and rural counties. The decline in caseload data mirrors trends in DHS Child Welfare, where hotline call volume and the number of children in care have fallen during the pandemic.

A consolidated financial report of CACs does not appear to be available, including information on revenues and expenditures. In general, CACs may be funded primarily from reimbursements for services, private donations, and public funding. Examples of non-state grant revenues include: insurance reimbursements; court witness fees; private donations; and governmental grants. In-kind support may also be available to CACs.

State funding from DOJ for CACs for the 2019-21 biennial budget totals an estimated \$18.9 million and comprises 38.3% of CACs resources, which have a combined \$49.5 million biennial budget. The following table summarizes DOJ funding to CACs:

<b>State Support for CACs</b>	<b>Revenue Source</b>	<b>Amount (est.)</b>
Child Abuse Multidisciplinary Intervention Program (CAMI)*	Criminal Fines Account	\$8,990,887
Regional assessment centers (ORS 418.746)	Criminal Fines Account	\$1,287,221
Federal Victims of Crime Act competitive and/or non-competitive	DOJ subrecipient grant	7,469,016
Federal Children’s Justice Act	DOJ subrecipient grant	200,000
Emergency Board	General Fund	1,000,000
Total		\$18,947,125

*\*Represents that portion of CAMI MDT funding going to CACs from either direct award from DOJ or as a subaward from the MDT (i.e., District Attorney Offices).*

The distribution of state funding is generally based on an “equative” or proportionate distribution model that provides a base-level funding to which is added a population-based amount (<17 years old). An alternative distribution model, which is not being employed, would be a caseload model based on the number of child abuse incidences.

CACs report that the impact of the COVID-19 pandemic has resulted in a statewide revenue loss (\$2 million) and unbudgeted expenses (\$289,435), which varies significantly across CACs. The average revenue loss is reported to be \$99,365 and the average unbudgeted expense is \$14,427. CACs recently received some financial support relief as the state’s Children’s Justice Act Task Force provided up to \$10,000 in federal Children’s Justice Act grant funding to each CAC to support service delivery. The supplemental funding could not be used to provide direct services to children. This supplemental funding could be used to offset about 70% of CACs unbudgeted expenses related to the pandemic. What is difficult to ascertain is to what extent CACs revenue loss is the result of the pandemic versus a decline in private fundraising and how large the revenue loss is compared to total revenues. In addition, certain CAC revenue sources (e.g., insurance reimbursements and court witness fees) may begin to recover as services and court hearings begin to become more available.

CACs are reporting a reduced capacity to safely handle existing caseloads and that is leading to extended wait times for *non-emergency* appointments. There is also a significant variance in wait times being report across CACs from one day up to 22 days with the average wait time among the CACs being 10.2 days. The CAC’s policy standard is a two day wait period. No supporting data was

provided for wait times associated with emergency appointments.

DOJ is requesting that the Emergency Board allocate the \$1 million General Fund special purpose appropriation to CACs to mitigate the financial impact of COVID-19. DOJ would distribute the special purpose appropriation by providing 19 CACs with a base amount of \$25,000 and then proportionately distributing the remaining \$525,000 based on a population size ( <17 years old). The combined per capita distribution of the entire \$1 million averages \$1.15, but ranges from a low of \$0.58 to a high of \$18.46. The two remaining CACs that are not included in the distribution currently do not receive funding from DOJ and may have limited capacity to manage additional funding at this time.

While CACs have incurred some COVID-19 pandemic expenses, the difficulty with this request is:

- Accounting for the reported decline in the number of cases.
- Differentiating the COVID-19 pandemic-related revenue shortfall with systemic funding issues.
- Supporting DOJ's broad distribution methodology that fails to target specific COVID-19 pandemic expenses.

An alternative distribution methodology would be to require DOJ's Advisory Council on Child Abuse Assessment to review and approve any CAC supplemental funding request based on the individual needs of CACs and based on the legislative direction that supplemental funding must be directly tied to the COVID-19 pandemic.

**Legislative Fiscal Office Recommendation:** The Legislative Fiscal Office recommends that the Emergency Board approve the allocation of \$1.0 million from the special purpose appropriation made to the Emergency Board for the Department of Justice for supplemental funding of Child Advocacy Centers, but direct the Department of Justice's Advisory Council on Child Abuse Assessment to review and approve any future supplemental funding requests by Child Advocacy Centers based upon the specific needs of the individual Child Advocacy Centers and which are directly related to the COVID-19 pandemic.

**Request:** Allocate \$1.0 million from the Special Purpose Appropriation made to the Emergency Board for additional support to Child Advocacy Centers (CACs) across the state in the wake of the COVID-19 pandemic.

**Recommendation:** Approve the request.

**Discussion:** The Department of Justice (DOJ), Crime Victim and Survivor Services Division (CVSSD) is requesting \$1.0 million General Fund from the Special Purpose Appropriation (SPA) made to the Emergency Board during the August 2020 Special Session. These funds were set aside to address a potential increase in CACs caseloads or funding shortfalls associated with the COVID-19 pandemic.

The CACs are considered essential service providers when child abuse is suspected or reported. Law enforcement and/or child welfare are usually first on the scene to engage with the family. They rely on local CAC's to ensure the next steps in collecting information are done in a legally sound manner. These providers can conduct forensic interviews and medical exams on potential victims without exposing them to a chaotic atmosphere inside an emergency medical facility or police station. The CAC staff have the expertise to determine if abuse did or did not exist, which provides the best safety actions for children and preventing families from unnecessary separation.

The CVSSD is reporting many CACs have been underfunded for years and coupled with the COVID-19 pandemic, are struggling to provide the appropriate services to their communities. Many have lost the ability to raise non-state funds and have the added increased expenses due to the pandemic safety measures and social distancing needed to protect both clients and staff.

The request describes a gap in services due to the pandemic. Statistics from January to June 2020 indicate providers may only have seen just under 60 percent of children referred, due to capacity and funding issues. Another example is the loss or limited access to medical providers. The CVSSD proposal is to distribute \$25,000 to each CAC and distribute the remaining balance based on population. The plan will utilize the formula used to distribute the Child Abuse Multidisciplinary Intervention funding.

**Legal Reference:** Allocation of \$1,000,000 from the Special Purpose Appropriation made to the Emergency Board by Senate Bill 5723, section 262 during the August 2020 Special Session, for the Department of Justice and Child Advocacy Centers.



**DEPARTMENT OF JUSTICE**

September 4, 2020

The Honorable Senator Betsy Johnson, Co-Chair  
The Honorable Senator Elizabeth Steiner Hayward, Co-Chair  
The Honorable Representative Dan Rayfield, Co-Chair  
2019-21 Joint Interim Committee on Ways and Means  
900 Court Street NE  
H-178 State Capitol  
Salem, OR 97301-4048

Dear Co-Chairpersons:

**Nature of the Request**

The Department of Justice - Crime Victim and Survivor Services Division (CVSSD) requests \$1,000,000 in General Fund support to provide additional support to Child Advocacy Centers (CACs) across the state in the wake of the COVID-19 pandemic. The funding source for this \$1,000,000 is General Fund as appropriated by the Oregon State Legislature to the Emergency Board during the special session in SB 5723 Section 262.

**Agency Action**

At the behest of the Legislature and on behalf of the CACs, the Oregon Department of Justice is submitting this request to the Emergency Board. These funds will be distributed as follows: each CAC will receive \$25,000 and the remaining funding (approx. \$525,000) will be allocated based on population, utilizing the formula CVSSD uses to distribute CAMI funding.

Oregon's children's advocacy centers (CACs) are essential service providers, not only during the COVID-19 pandemic, but long before. When child abuse is suspected or reported, law enforcement and/or child welfare are often first to engage with a family, and shortly thereafter, rely on the local CAC to ensure their next actions are based on quality information gained in a trauma-informed, legally sound manner. Forensic interviews and medical exams at CACs provide an alternative to costly, chaotic, and non-specialized emergency rooms and police stations. CAC staff have the expertise to rule abuse "in" or "out," increasing the chances children stay safe, and preventing families from unnecessary separation.

CACs have been historically underfunded, with state policy mandating they be available, often within 48 hours, but supporting only 17% of CAC budgets with state funding. In the best of times, the level of funding has not been adequate to sustain the highly-specialized

medical providers and forensic interviewers required to carry out statutorily required medical assessments and Karly's Law response.

Recognizing this gap, bipartisan legislators agreed on an increase of \$3,000,000 for CACs for one year in the 2020 regular session budget bill. Now, due to the pandemic, CACs are more vulnerable than ever as they continue to provide essential services for children who cannot wait. The private fundraising that has filled the gap between state funding levels and CAC operating costs for years has decreased, and the CAC system is experiencing revenue shortfalls of \$2,277,000. Additionally, CACs have been hit with unplanned expenses to stay open and serve their communities. These expenses include personal protective equipment, thermometers and sneeze guards, increased cleaning and sanitization services and supplies, upgraded building spaces to allow for social distancing, and technology and software like servers, teleconferencing, laptops, and iPads. In total, CACs have absorbed unbudgeted expenses totaling \$311,800. An average CAC has experienced a revenue shortfall of \$113,800 and COVID-19 expenses around \$15,600. These expenses do not include additional expenses in personnel costs related to COVID-19.

To cope with these losses, CACs have been forced to lay off or reduce hours of staff providing non-essential services; nearly 80% of CACs have less staff than they did prior to the pandemic. Additionally, many CACs have frozen hiring for needed staff as they brace for further financial losses. Due to COVID-19 response, CACs have also practiced social distancing by staggering appointments, employing skeleton shifts, and limiting partners in some cases. They have instituted strict public health protocols that make appointments longer. Because of COVID-19 protocols, limited space for distancing, and frozen staff positions, the number of available appointments at CACs has decreased. However, caseloads for children seen in January to June 2020 were still higher than those seen in July to December 2019.

Without increased, immediate funding, CACs anticipate that both wait times for services and the percentages of children who don't receive service will increase. Right now, the average wait time for a child to be seen is 10 days. This is compounded in areas with limited local wealth. In response to asking about their next available appointment, one CAC remarked, "22 days is our next open assessment, though we have about 9 cases currently pending scheduling, if those were all to get scheduled, it would be 42 days out." This CAC has been piecing together medical services and their appointments are limited to the available hours of their contracted, very part-time, medical providers. This is just one example of the gaps in services due to historic underfunding, here are a couple more:

- **Lincoln County CAC** has no medical provider and no sustainable funding source to recruit or hire a provider in their high-risk county. The previous provider was donated by the local hospital and helps out part-time, virtually, from Hawaii. Private foundations and donors are unable to contribute consistent revenue for a provider.
- **Columbia Gorge CAC** has only one full-time staff member. CGCAC can only afford a medical provider for two days a week with limited hours each day; children needing medical services outside those hours must be routed to the emergency room.

- **CARES Northwest**, is often unable to see children referred by child welfare workers within 10 days. This means caseworkers may be forced to make critical child safety determinations without CAC medical expertise or seek services at an emergency room.
- **Mt. Emily Safe Center** has a medical provider only 2 of the 5 days they are open.

The harmful impact of these gaps is amplified for families already struggling with the stress and isolation caused by COVID-19.

Gaps in services have grown during this pandemic. About half of the CACs are able to collect referral data, and from January to June 2020, these CACs only saw 58.8% of the children referred to them; at those centers, only 2,091 children out of 3,556 children referred for service received service due to capacity. In some counties, children are triaged to the CAC because the community is aware of the capacity of the center and are only referring the most egregious cases to be seen, resulting in a misleading referral to visit rate of 100%. One rural CAC director explained, "In small, rural counties like ours we work closely with our community partners such that we decide as a group what cases will be referred for forensic interviews. So, if they are referred they get an interview. Really it's about our capacity at the CAC and our capacity has been diminished significantly since May of 2019 when we lost our medical provider which we cannot afford to replace."

### **Action Requested**

The Department of Justice - Crime Victim and Survivor Services Division requests release of the \$1,000,000, appropriated by SB 5723, to DOJ to be allocated as described above to mitigate the financial impact of COVID-19 on CACs.

### **Legislation Affected**

Oregon Laws 2019 Chapter 692 Section 1(4).

Sincerely,



FREDERICK M. BOSS  
Deputy Attorney General

cc: Shannon Sivell, Director of the Crime Victim and Survivor Services Division  
William O'Donnell, DOJ Chief Financial Officer  
Melanie Ryburn, DOJ Budget Analyst  
John Borden, Principal Legislative Analyst, LFO  
Michelle Lisper, Policy and Budget Analyst, BAM