

Children's Advocacy Centers

Requesting 6M increase in the 2021-2023 biennium



Panel Members



Becky Jones

Executive Director
Oregon Child Abuse Solutions



Sarah Stewart

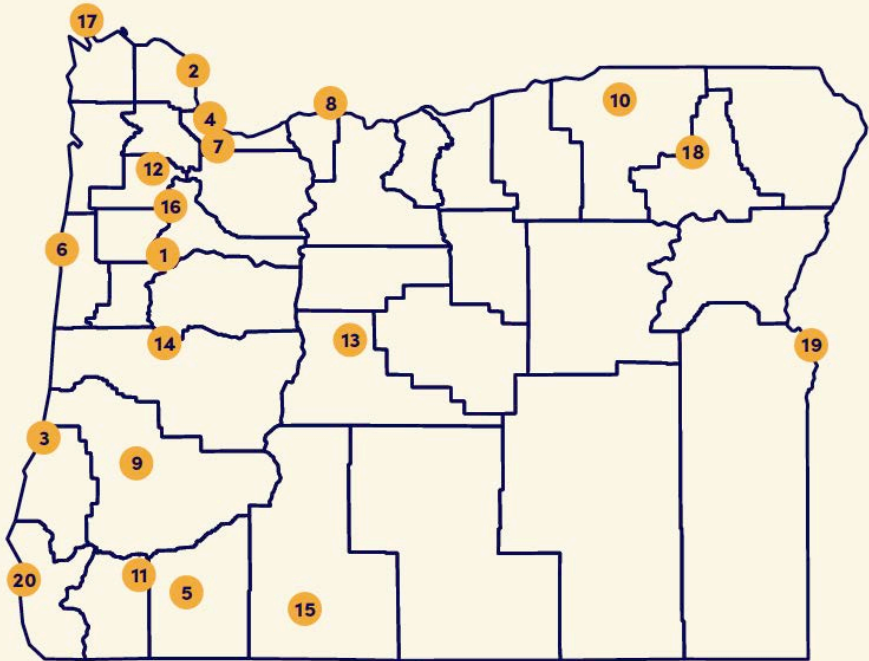
Executive Director
Kids FIRST, Eugene



Russell Mark

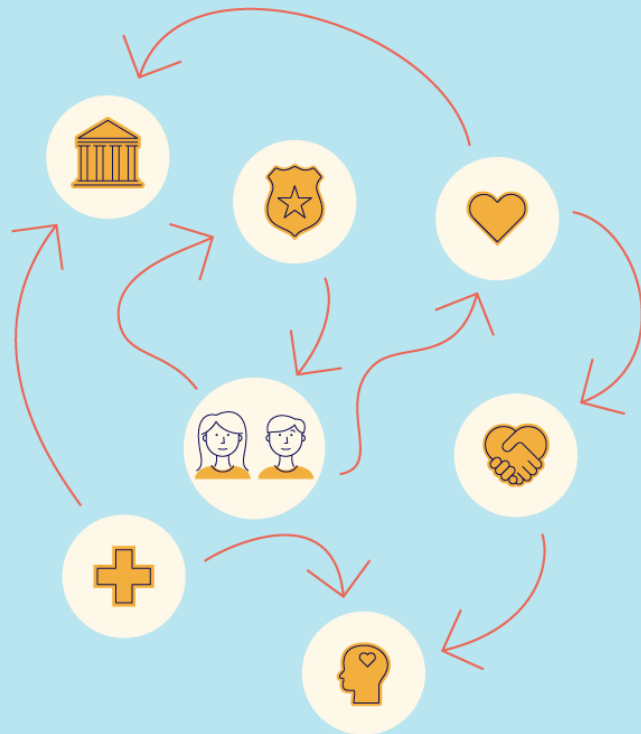
CEO/President
Juliette's House, McMinnville
Board Chair, Oregon Child Abuse Solutions

Our 20 Children's Advocacy Centers (CACs)

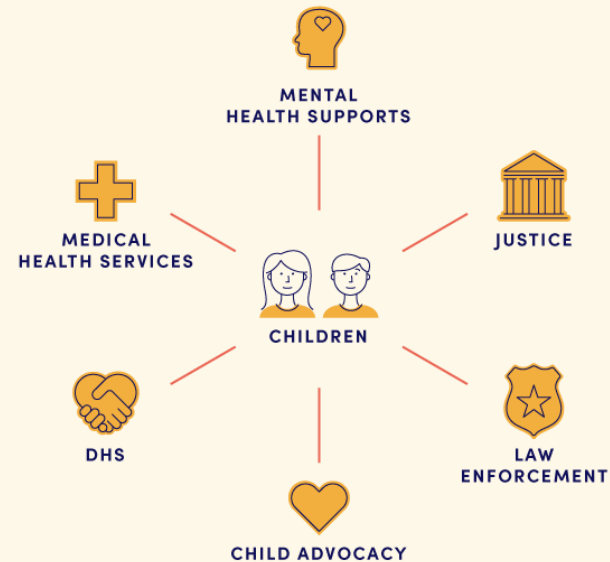


1. **ABC House**
Linn, Benton Counties
2. **Amani Center**
Columbia County
3. **Bay Area Hospital Kids' HOPE Center**
Coos County
4. **CARES Northwest**
Multnomah, Washington Counties
5. **Children's Advocacy Center of Jackson County**
Jackson County
6. **Children's Advocacy Center of Lincoln County**
Lincoln County
7. **Children's Center**
Clackamas County
8. **Columbia Gorge Children's Advocacy Center**
Serves 5 counties
9. **Douglas CARES**
Douglas County
10. **Guardian Care Center, CAC**
Umatilla County
11. **Josephine County Child Advocacy Center**
Josephine County
12. **Juliette's House**
Yamhill, Polk Counties
13. **KIDS Center**
Deschutes, Jefferson, Crook Counties
14. **Kids FIRST**
Lane County
15. **Klamath-Lake CARES**
Klamath, Lake Counties
16. **Liberty House**
Marion, Polk Counties
17. **The Lighthouse for Kids**
Clatsop County
18. **Mt. Emily Safe Center**
Serves 5 counties
19. **STAR Center**
Malheur County
20. **Wally's House**
Curry County

WITHOUT CHILDREN'S ADVOCACY CENTERS



WITH CHILDREN'S ADVOCACY CENTERS



The CAC Model

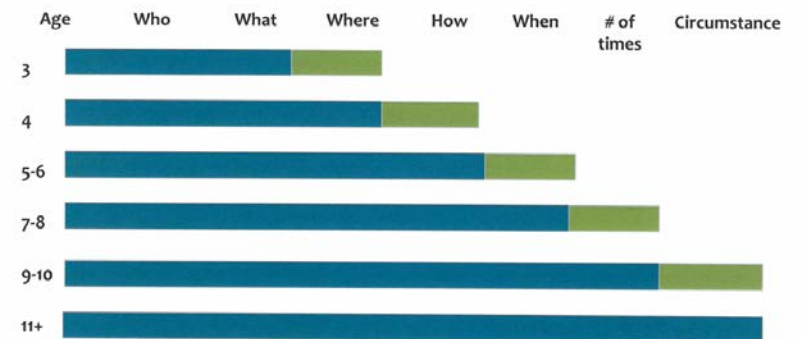
- Minimizes trauma
- Collaborative response
- In-person forensic interviews, medical exams, family advocacy, therapy
- Karly's Law exams, in-person or reviews
- Medical records reviews

Medical Exams and Forensic Interviews

- Every county is assigned a designated medical provider (DMP), often working as a staff member in a children's advocacy center (CAC)
- DMPs are responsible for both "ruling in" and "ruling out" child abuse
- DMPs provide in-person Karly's Law exams within 48 hours and review photos and notes if unable to see the child in-person

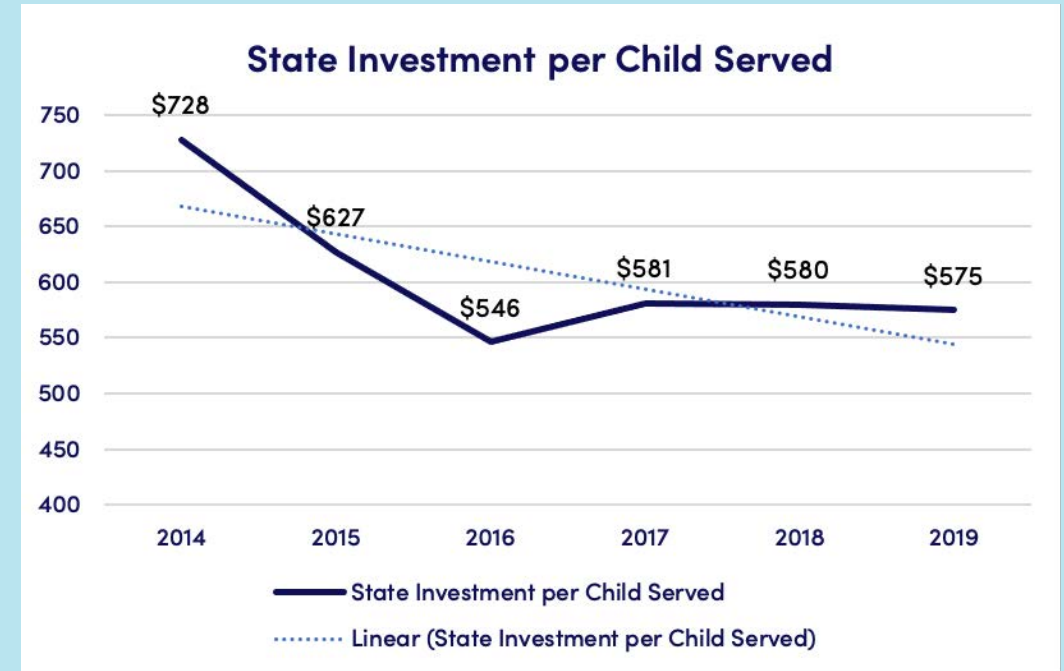
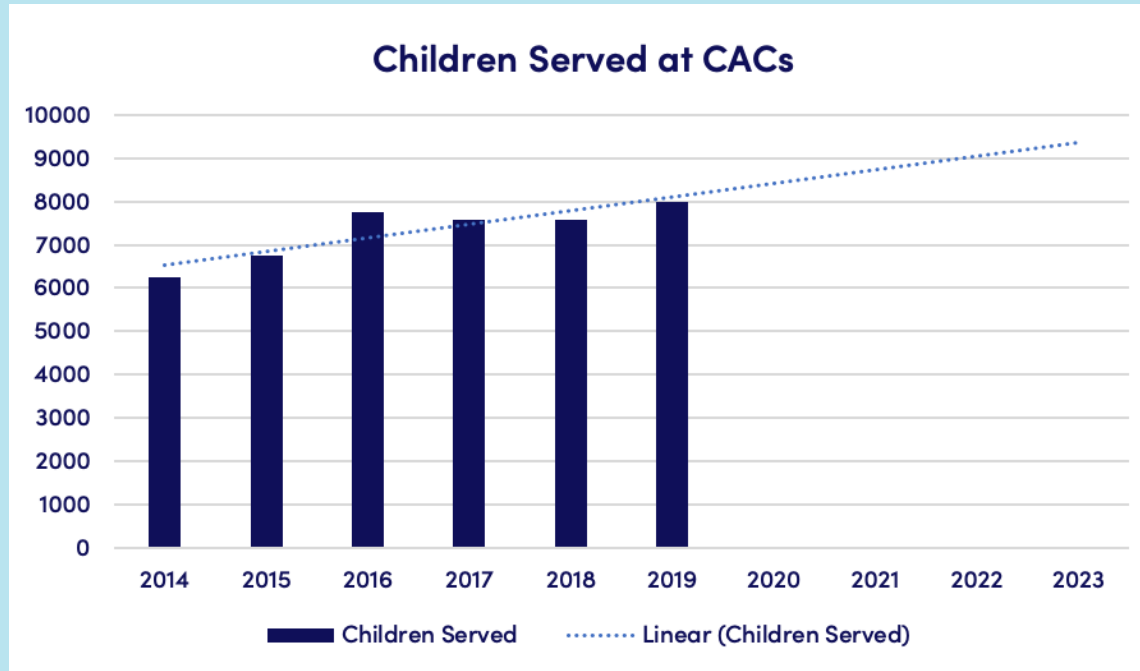


Guidelines for Age-Appropriate Interview Questions



Each child's capacity will vary depending on his or her unique circumstances and developmental level

Service and Funding Trendlines





Our 2021 Legislative Ask

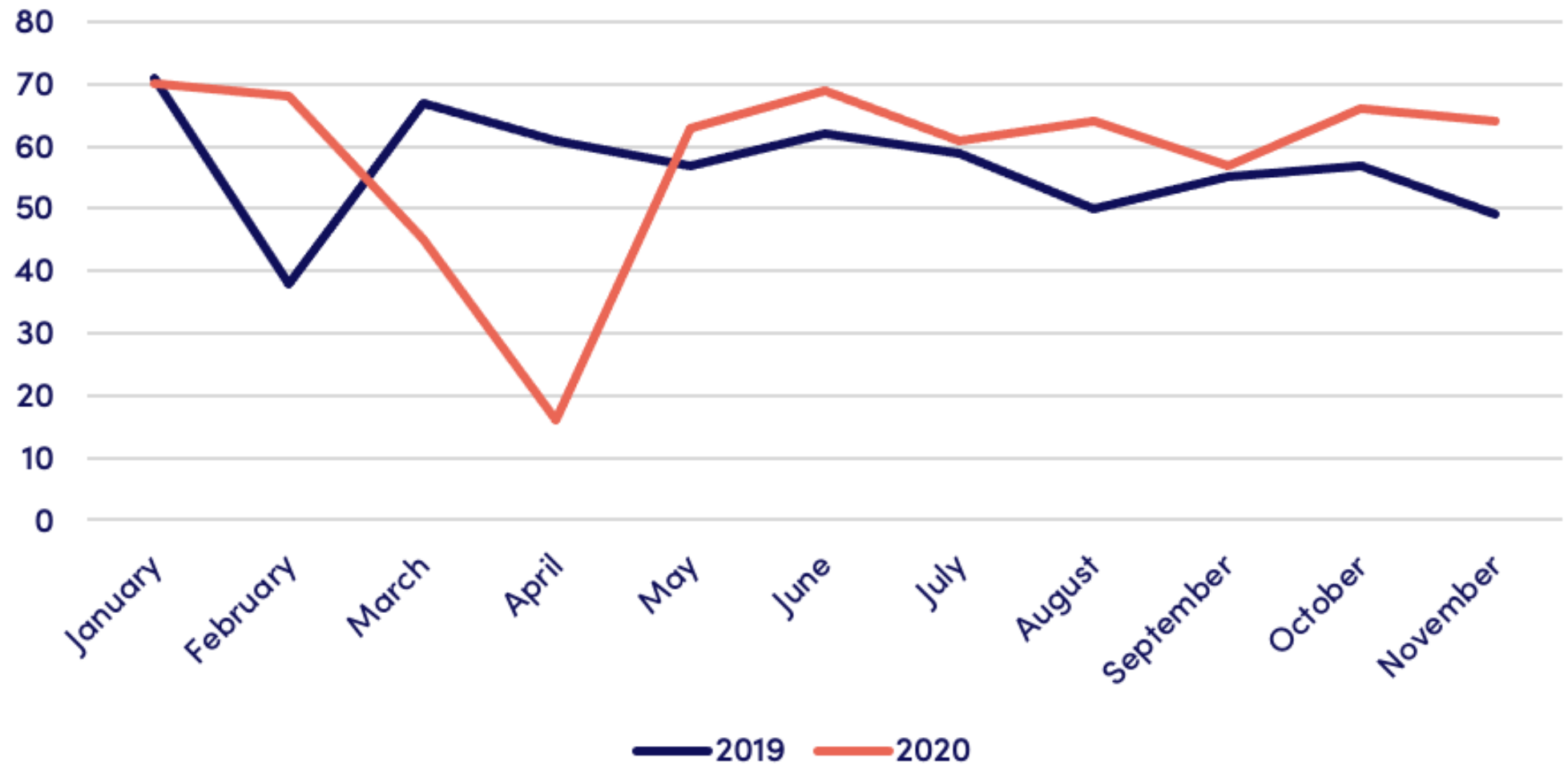
- Invest 6M in CACs
- State funding makes up 17.8% percent of CAC budgets, this 6M increase would bring state funding to 25% of CAC budgets
- Funding would maintain staffing and assessment slots for children
- Funding would stabilize CACs during an anticipated rise in cases, and ensure there is no breakdown in supportive services to child protective services, law enforcement, prosecution, and others

Kids FIRST

Serving Lane County



2020 Kids FIRST Kids Served





Dr. Deanna St. Germain, Kids FIRST

Staffing Challenges

- 600 children per year
- 4th most populous county in Oregon
- Gap in services for children under 14, whom cannot be assessed at hospitals
- Most of the calls we get need a 24 hour response
- Only provider in the county



Kids FIRST's Outlook

Without further state investment

- Severity, complexity of cases
- Dr. D's Retirement
- Challenges of recruiting and retaining a new provider
- Funding streams are redirecting
- Freezing hires to maintain current staff

Successes

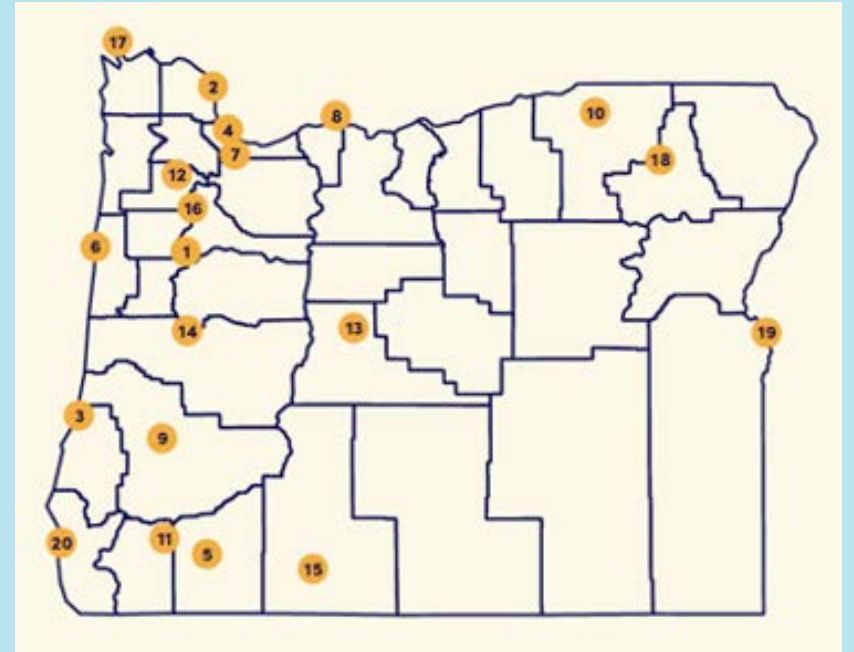
- Secured a new building prior to COVID-19
- Staffing is 25% people of color, including bilingual and bicultural staff members

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Board Chair, Oregon Child Abuse Solutions



CAC of Lincoln County,

Newport, Oregon's local hospital pays for a provider to provide some telehealth to the local CAC and consult with community partners. This provider moved out of state in 2019.

Neither the hospital nor the CAC has the funding for a. part-time competitive salary to recruit, train, and retain a medical provider. The children in Lincoln County do not have access to on-site medical exams. They must travel to Portland or into the Willamette Valley for care.

CAC of Columbia Gorge, serves four counties

CACGC is not able to afford to have a medical provider on staff. This means that children who need medical care, when the contracted provider is not available, still go to the emergency room to get medical care.

*Allocations of State Dollars for these CACs is **less than 80K** annually*

Amani Center, Columbia County

For many years, Amani Center employed 2 part-time providers to piece together medical response with only two days per week. Both had other jobs.

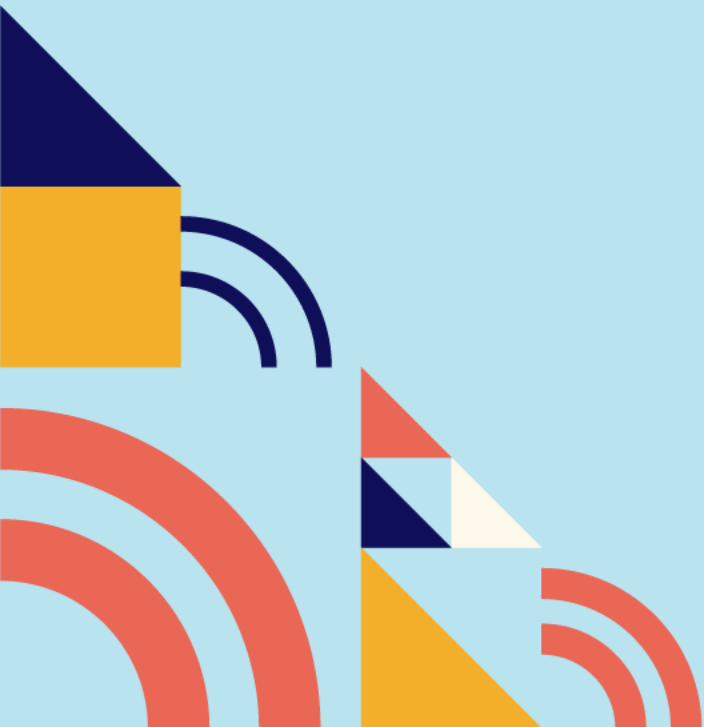
Recently, Amani Center has been able to hire their first full-time medical provider. The salary is paid for by state funding, with the remainder funded through private donations and fundraising events. They are worried about sustainability.



Juliette's House's Outlook

without further state investment

- Unstable and unsustainable funding streams to meet the growing need
- Potential cuts to federal Victims of Crime Act (VOCA) funding
- Severity of cases
- Children and their caregivers need more support from Juliette's house staff at this time
- We're at risk of providing less service





2021 Session and Statewide Outlook

- CACs need 6M in increased investment in this next biennium
- CACs currently only receive 17.8% state investment to provide our statutorily mandated, specialized services
- CACs will be more equipped to respond to partner needs even while under strict timelines, promoting collaborative, trauma-informed response
- Avoid decreases in staffing and limiting services in some CACs
- Help other CACs fill positions that are essential, like medical providers, forensic interviewers, and healing mental health treatment services

Thank you!



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