



## Oregon Network of Child Abuse Intervention Centers

**Legislative Ask:** The Oregon Network of Child Abuse Intervention Centers (ONCAIC)

([www.childabuseintervention.org](http://www.childabuseintervention.org)) is seeking an allocation of \$6 million from the general fund to support sustainable service provision by child abuse intervention centers in Oregon. This is sought in recognition that child abuse intervention centers receive insufficient state funding, despite providing highly specialized medical and forensic interview assessments and serve as Designated Medical Professionals (DMPs; see ORS 418.747(9) and ORS 419B.022-024, Karly's Law), which are critical components necessary to support effective child abuse investigations as outlined in ORS 418.747.

**Background:** Child Abuse Intervention Centers (CAICs) provide valuable services to the children they serve. Oregon's 20 CAICs serve all 36 counties; and there are four CAICs currently in development, which will aim to comprehensively serve Baker, Tillamook, Willowa, and Warm Springs Indian Reservation.

When abuse has been reported or is suspected, CAICs provide a safe place where children can receive medical exams, forensic interviews, trauma-informed therapy, family support, and prevention services—all from highly trained specialists who know what to look for, and the right questions to ask to ensure proper diagnosis, treatment, and that sound evidence is collected.

CAICs are also vital participants in their Multidisciplinary Teams (MDTs) – teams of experts that the District Attorney in every county convenes for the purposes of responding to and investigating allegations of child abuse. CAICs provide the medical and forensic interviewing expertise that Oregon Department of Human Services Child Protective Services caseworkers (CPS) rely on to assist in making their case planning decisions. For children served that are not child welfare involved, as in the case of stranger assaults or when a non-offending caregiver is protective, these services are crucial to the investigation, healing, and support of the family unit to ensure the child is provided for and protected.

The Centers employ medical providers with specialized training in child abuse assessment – a subspecialty in pediatric medicine. These providers have more tools in their toolbox, and are more likely to be current on research and best practices in a constantly evolving and improving field. There are concrete risks for children when medical providers *without* specialized training provide medical assessments, including misdiagnosis. **When untrained or unpracticed providers assess children, especially younger children, we risk further injury and in some cases even death.**

**With over 40% of children seen at CAICs under the age of 6, the cost of inadequate assessment is too high. Every child needing these services deserves care from an expert.**

Our CAICs report high rates of abuse in their communities, increased need for CAIC services, and that **current investment is insufficient to meet the needs of children.** In July 2017 – June 2018, Oregon's 20 CAICs provided 7,895 children with intervention services. This represents an increase of 26% since just three years prior (6,254 children). The 2017 Child Welfare Data Book showed that over 80,500 reports of abuse were made to the hotline, and 32,000 investigations were completed. **Conservatively, this means less than one in four investigations utilized the resources of a CAIC and up to three in four children did not have access to the services they need and deserve.**<sup>1</sup>

At current resource levels many CAICs are operating at capacity or beyond reasonable capacity, and some Centers have reported that community partners are forced to triage cases, sending kids to busy emergency rooms or police stations that are ill-equipped to provide child abuse assessment, and that also lack the in-house expertise of CAIC forensic interviewers, family advocates, clinicians, and other professionals. This is how communities are forced to respond to insufficient funding and capacity, and it is not what should happen in Oregon.

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<sup>1</sup> Child Welfare Data Book (2017); statistical data collected by National Children's Alliance



Fortunately, Oregon's Child Abuse Multidisciplinary Intervention (CAMI) Fund provides some funding to MDTs in an effort to meet statute and provide needed care. However, state CAMI funding to CAICs makes up less than 18% of CAIC budgets overall. To continue to serve at current levels, this CAMI funding must be protected during the 2019 session.

**In addition, an increase of \$6 million of general funds, distributed through Department of Justice, then directly to CAICs, will help CAICs take a large step toward sustainable service provision.** If state support to CAICs increases by 6 million, 29.5% of CAICs budgets will be supported by the state, and these funds will support state mandated services for children. **This increase would correspond with nearly 1,220 more children able to access the valuable, cost effective services CAICs provide.**

Oregon Law specifically outlines the importance of specialized medical exams (ORS 418.782(2) provided at a CAIC (ORS 418.782(3) performed by a Designated Medical Professional (ORS 418.747(9) for assessments, including for Karly's Law cases (ORS 419B.022-.024). This service, while done in the safe, trauma-informed environment of a CAIC, is what we hope every child needing this service will receive. **Fuller state funding of CAICs will also have a positive ripple effect impacting the system of child abuse response in the following ways:**

- Child Protective Services (CPS) caseworkers are better able to enact case plans;
- CAIC intervention is more likely to produce sound, video recorded evidence to be used in prosecution, and which can lead to **cost savings when offenders plea rather than go to trial**;
- Emergency room physicians, primary care physicians, CPS caseworkers, law enforcement, and others are burdened less in their roles, resulting in cost savings;
- **Children seen at CAICs are more likely to receive referral for specialized services including evidence-based therapy modalities** – some CAICs even employ therapists to promote healing;
- With increased funding for necessary intervention services, administrative and fundraising staff, now raising donor and private foundation funding for medical staff and forensic interviewers, can shift toward fundraising for prevention programming geared toward children and adults in schools, and **expand universally-accessed child abuse prevention trainings in the community.**
- **CAICs can increase their statewide impact with added capacity, such as expanding the Training Program under the Oregon Network**, which includes the 4.5 day Oregon Child Forensic Interviewing Training (OCFIT) which trains 120 child-serving professionals annually in legally sound, trauma-informed best practices for engaging children disclosing abuse.

In order to ensure that all of Oregon's most vulnerable children have access to valuable, evidence-based services provided by CAICs, and that professionals in the field have access to resources that make them successful, the Centers need fuller funding. 6 million in direct support to CAICs will help match up the priority of the state, "protection of the child," with what our CAICs are able to do to ensure children, who need them, can access these vital services.

Sincerely,

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