



Children's Center

A child abuse intervention center

January 30, 2020

Chair Alissa Keny-Guyer

Vice Chair Anna Williams

Vice Chair Ron Noble

Members of the House Committee on Housing and Human Services Re: HB 4112

As Interim Executive Director of Children's Center (Clackamas County's nationally accredited child abuse intervention center), I write to express my enthusiastic support for HB 4112. This isn't just effective legislation—it's essential to the future health of Oregon's children and families.

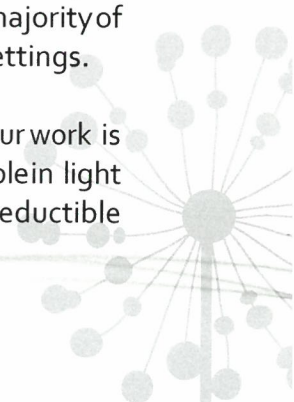
As you know, the United States CDC recognizes child abuse and neglect as the nation's most expensive long-term healthcare issue. Left untreated, the lifetime cost to society of each victim is now estimated at more than \$212,000—making this a critical threat not only to government, but to business and workforce vitality as well.

Left in the grossly underfunded environment in which we currently operate, Oregon's 21 child abuse intervention centers are seriously at risk. The very modest \$3 million allocation proposed under HB 4112 would effectively cover the projected lifetime cost of just 14 victims. With literally thousands of founded incidences of child maltreatment in Oregon each year—AND a statutory mandate to provide professional medical examinations and forensic interviews for each suspected victim in a child-friendly environment, Oregon faces a critical choice: invest a little bit now or expect a huge bill later.

What we know is that child abuse and neglect are rampant (estimated as high as one in every four or five children are victims). What we also know is that we're only addressing the tip of the iceberg now. Recent social movements and advances in brain science have focused societal attention on the magnitude of the challenge. This is increasing the demand for child abuse intervention services. What we hope is that the growing awareness, coupled with new prevention initiatives, will eventually (and significantly) reduce the incidence rate. But that will only be possible if resources for intervention are increased now.

At Children's Center, government funding (from federal, state, and local sources) amounts to less than one-third of our annual operating budget. The current state allocation (through CAMI) covers just 14% of Children's Center's budget. And it's only that high because so many employees (the majority of whom possess a master's degree) work for wages far below what they could garner in other settings.

Fundraising initiatives now cover more than 45% of our costs. Given the fact that much of our work is statutorily mandated, such dependence on fundraising is inappropriate. It's also unsustainable in light of national tax reform that has considerably disincentivized donors whose previously deductible



contributions are the core of our support.

To be clear, HB 4112 would not solve the funding challenge of Oregon's child abuse intervention centers. But it's a considerable step in the right direction. The \$3 million allocation would bring total state support of our collective efforts closer to 30% of our combined budgets (and to about 25% at Children's Center). With that breathing room, Children's Center would be able to address three critical objectives: remedy lingering pay inequity, increase access to our recently launched treatment program, and considerably extend our prevention and education outreach. It's important to note that our relatively new treatment and prevention programs hold the most promise for eventually reducing child abuse and neglect (and, in the meantime, minimizing its long-term impact and cost). Not surprisingly, these aims are more suited to fundraising (due to their more modest costs and inherent appeal to donors). Unfortunately, most people simply and incorrectly assume that our basic intervention services are fully funded by the combination of government and insurance—when nothing could be further from the truth.

As is the case with many of society's most pressing social problems, abuse and neglect don't exist in a vacuum; there's a clear and compelling correlation between child maltreatment and housing instability, serious physical and mental health conditions, and other adverse health outcomes. But through the intervention services offered by Oregon's child abuse intervention centers, we hope to reduce the trauma experienced by children and provide them opportunities to heal. If we're to continue our important work, the state must be a more invested partner. So, I strongly urge your support of HB 4112.

Ultimately, the passage of HB 4112 will make a measurable difference in the lives of Oregon's children and families (present and future). The additional state investment will move us closer to an Oregon where all children—regardless of their physical location or financial limitations—can access the expert, child-focused care possible only in professional child abuse intervention centers.

Sincerely,



Rebecca Nickels, MSW
Interim Executive Director

Thanks for your
consideration!