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February 2, 2023

To: Rep. Jason Kropf, Chair
Rep. Tom Andersen, Vice-Chair
Rep. Kim Wallan, Vice-Chair
Members of the House Committee on Judiciary

Re: **HB 2732**

Chair Kropf, Vice-Chairs Andersen and Wallan, Members of the House Committee on Judiciary:

Liberty House urges your support for House Bill 2732, funding for Oregon's Children's Advocacy Centers (CACs). Liberty House is the Children's Advocacy Center serving Marion and Polk Counties, in which an average of 10,500 calls regarding child abuse are made each year to DHS.

The funds in HB 2732 will maintain the investment for Oregon's CACs of \$6 million appropriated during the 2021 Legislative Session. We are very thankful funding was approved; it has made a huge impact! Nearly every CAC in Oregon used that funding to increase staff or increase hours of existing staff to meet the needs of children in our respective communities. **Liberty House used the funds we received to support three staff medical providers, our clinic director, our bilingual clinic services specialist, and our bilingual medical interpreter. These staff persons along with the rest of the Liberty House team help make a difference in the lives of children and families of our area when they are at a very vulnerable and traumatic moment in their lives.** The funding in HB 2732 will bring necessary continued financial support to Oregon's CACs as we work in our respective regions around the state to help respond to an unprecedented post-pandemic surge in violence against children.

Child abuse was and is the most critical and deadly public health emergency facing the State of Oregon. We will not be able to reverse the trend until sufficient funding is made available.

CACs employ experts who provide neutral and trauma-informed assessments of children referred for concerns of abuse or neglect. **The services provided by Oregon's CACs** (most of which are non-profit organizations) **are largely mandated by existing public policy and law – yet state funding accounts for only 27% of the costs [prior to the one-time funding approved in 2021, Oregon's CACs were at 17% - which underscores the importance of the continued funding in HB 2732].** This funding gap leaves an enormous challenge in paying for these essential services. Our partners at the Oregon Department of Human Services need our specialized medical assessments and forensic interviewing services in order to do their jobs effectively. Supporting the modest request in HB 2732 will increase the likelihood that the hardworking DHS Child Protective Services workers will have the support they need to make the best possible decisions for the children and families with whom they work.

CACs (ORS 418.782(3)) have several important jobs they perform as part of the child abuse assessment process. They play a critical role in the MDT response (ORS 418.747) providing medical assessments, Karly's law assessments (ORS 419B.022-024), forensic interviews, and trauma-informed mental health services. CACs provide critical consultation services for child-protective service workers out in the field who need expert medical information.

A child abuse medical assessment is one of the key components of an effective, multidisciplinary response to allegations of abuse or neglect. Defined in ORS 418.782, the medical assessment includes family support, care coordination, and a forensic interview. That interview must be conducted by a professional who has had special training in the Oregon Forensic Interviewing Guidelines¹ and who regularly participates in professional peer review in order to ensure fidelity to best practices. The forensic interview is essentially an extended social history of the medical condition or allegation which led to the referral. It is critical to the diagnosis that the medical provider makes because child abuse medicine is the only medical discipline that has **causation** as a key component of the medical diagnosis.

CACs provide a central child-friendly environment where a forensic interviewer offers an opportunity for the child to engage in a dialogue about the child's experience with respect to the condition that was the subject of the referral. **This model is designed to be objective and neutral and involves only open-ended, non-leading questions when questions are asked.** The interview under the CAC model is not an interrogation. During the interview, the interviewer will invite the child to "tell me about . . ." and follow the child's lead. The most seasoned forensic interviewers will honor the child's emotional process. This is especially effective for deeply traumatized children.

For children who have been subjected to abuse, neglect, or trauma, there can be many barriers to describing abuse that may be occurring, including guilt, shame, and fear of negative consequences such as retaliation, getting kicked out, seeing Mom cry, or getting raped yet again. The professionals involved in the medical assessment must have the skills, training, experience and temperament to be present to the child in the right way if those types of feelings are part of the child's emotional fabric. Part of working with the child's emotional fabric, and that of the family or non-offending caregivers, is to allow sufficient time for an assessment so that the child does not feel rushed. In contrast to a regular pediatric visit, the medical assessment can take two to four hours or longer if a set of siblings is involved.

Because of the widespread scale of childhood neglect, physical and sexual abuse, a fully funded, effective intervention system is critical to ensure the success of Oregon's children and all of Oregon's other educational and economic objectives.

Thank you for your thoughtful consideration of HB 2732. We appreciate your support.

Respectfully submitted,

Alison S. Kelley

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Chief Executive Officer

Eva Corbin

Eva Corbin, Chair
Liberty House Board of Directors

¹ http://www.doi.state.or.us/victims/pdf/oregon_interviewing_guidelines.pdf