

Summer 2013
Volume 2, Issue 3



MDT Quarterly

Because this is work that matters

CAMI Regional Service Providers

CARES Northwest

Serving: Benton,
Clackamas, Clatsop,
Columbia, Hood River,
Lincoln, Linn, Marion,
Multnomah, Polk,
Tillamook, Wasco,
Washington & Yamhill
Counties

Children's Advocacy Center of Jackson County

Serving: Curry, Jackson &
Josephine Counties

KIDS Center

Serving: Crook, Deschutes,
Harney, Jefferson,
Klamath, Lake & Malheur
Counties

Kids FIRST Center

Serving: Coos, Douglas &
Lane Counties

Mt. Emily Safe Center

Serving: Baker, Gilliam,
Grant, Morrow, Sherman,
Umatilla, Union, Wallowa
& Wheeler Counties

Good News on the CAMI Funding Front

By Michael Maryanov

Here at CVSD we're in the finishing stages of getting the 2013-2015 CAMI grants implemented. By all accounts, we're entering the new biennium on a very good note. The Oregon Legislature increased CAMI funding by \$2 million over what was appropriated in 2011-2013. This increase allows DOJ to restore all of the cuts that MDTs and Regional Service Providers took in 2011, and still increase funding. DOJ worked diligently during the legislative session to advocate for CAMI funding and support for victim services. Thankfully, partners in the field worked diligently as well, forming an impactful message about the importance of CAMI funding, the level of need that we have in providing child abuse intervention services, and how much abused children rely on our coordinated collaborative model in each community to overcome the abuses perpetrated against them. And thankfully, the legislature worked diligently, listened intently, and took seriously the work that MDT partners across the state do for those kids. Much as the collaborative work at the local level enhances the process of child abuse intervention, so too does a collaborative process during legislative session enhance the process to support CAMI programs. We look forward to working with you in this new grant season!



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CAMI Advisory Council Recruiting Members

By Mike Maryanov

The CAMI Advisory Council is a statutorily-required body that makes recommendations and provides guidance to the CAMI Coordinator and DOJ on matters related to CAMI funding and child abuse intervention. One primary function of the Advisory Council is to review MDT and RSP grant applications every two years. The Council meets quarterly and discusses funding and grants, but also considers best practices, policies and procedures, training needs, protocol development, and more.

Currently there are nine members on the advisory council, however, two more seats are open. CVSD is recruiting for “a person having experience dealing with child abuse,” and “a citizen interested in advocating for the medical needs of abused children.” Filled seats include two members from District Attorney offices, a DHS Child Welfare representative, Law Enforcement Representative, a Doctor specializing in treating child abuse, two child abuse intervention center directors, domestic violence program representative, and a hospital representative. If you are interested in joining the Advisory Council or making a recommendation, contact CAMI specialist Tera Widger at: tera.a.widger@doj.state.or.us

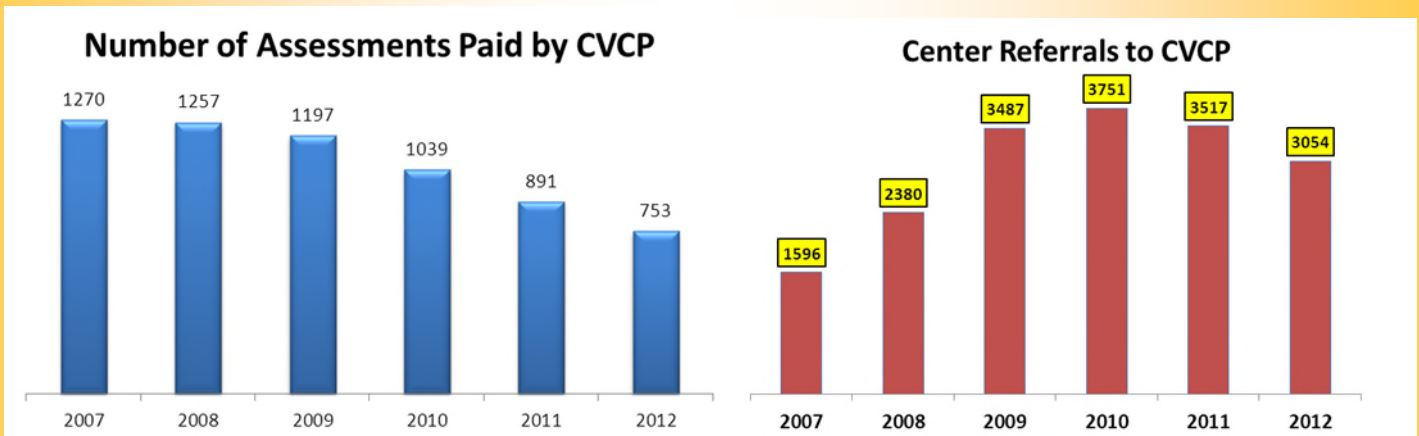


Trends in CVCP Requests and Billing

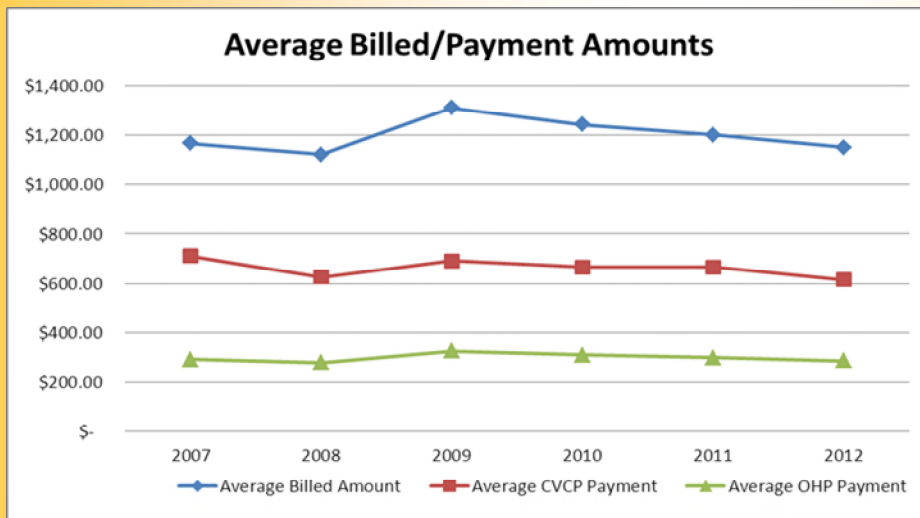
By Joe McCarty

The Crime Victims’ Compensation Program (CVCP) pays for child medical assessments in cases of suspected child sexual or physical abuse, “regardless of whether a finding of abuse is made and only if other insurance is unavailable” ¹.

Since 2009 the Oregon Healthy Kids Program (OHP) has cut the number of uninsured children by half ². When a child is covered under OHP other sources, including CVCP, cannot be billed. Consequently, the number of medical assessments paid by CVCP since 2009 has dropped by 47%. Additionally, **centers reported 5,520 assessments in ’10-’11 and only referred 66% of victims to CVCP.**



Problem



The impact of this trend is the amount of payment child abuse centers receive for their services. **When a child is covered under OHP, centers are paid between 10% and 25%** ³ of their billed amount and cannot bill another source for the difference ⁴. **CVCP pays between 50% and 60% of the billed amount.**

¹ [ORS 147.390](#)

² [OHA News Release July 11, 2011](#)

³ Based on an informal sampling of OHP explanation of benefits.

⁴ [OAR 410-120-1280](#)

Trends in CVCP Requests and Billing (Cont.)

Conservative estimates show that centers were paid approximately \$400,000 less per year billing OHP verses CVCP, and probably more because the number of medical assessments has increased every year.

Covered by OHP or not, victims can benefit from compensation until they turn 21 and can use it to pay for related counseling and medical bills if OHP coverage is lost. Because centers have less reason to refer children to CVCP, the number of child applications for victims' compensation has dropped nearly 20% in the last 3 years.

Since 2009, CVCP helped pay over 3.8 million in crime-related expenses for children after medical assessments were performed.

CVCP Payments to Children (other than medical assessments)

Acupuncture	\$3,195.98
Ambulance	\$50,624.85
Anesthesiology	\$20,681.00
Child Witness to DV Counseling	\$35,568.67
Chiropractor	\$1,850.00
Counseling	\$1,662,447.07
Dental	\$2,937.00
Family of CSA Counseling	\$82,320.12
Hospital	\$1,257,992.90
Lab	\$85,203.40
Loss of Earnings	
Medical Eqmt/Prosthetic	\$15,366.01
Meds Management	\$27,122.44
Other	\$286,494.47
Physical Therapy	\$28,161.00
Physician	\$206,656.32
Prescription	\$4,940.68
Rehabilitation	\$814.56
Transportation	\$3,122.74
Vision	\$337.00
X-ray	\$23,016.60
Grand Total	\$3,800,840.81

Compensation is an important resource. If you would like to discuss how to streamline the compensation application process at your center or would like to discuss CVCP billing, we want to hear from you. Please feel free to contact the CVCP Manager, Joe McCarty, at 503-378-5348 or joe.a.mccarty@state.or.us.

MDT Spotlight

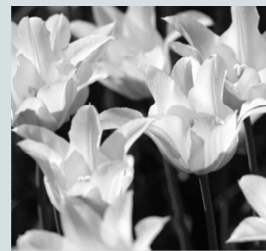
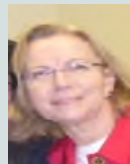
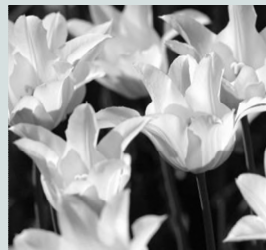
Announcing Dr. Keltner's Retirement

By Shannon Campbell

On August 1st Dr. Leila Keltner retired after working more than 25 years at CARES Northwest, the last 15 as the program's medical director. She will remain on staff, and although not active in the day-to-day activities at CARES Northwest, will be available to help with on-call coverage for inpatient child abuse cases at Randall Children's Hospital in Portland.

As any MDT member knows, those who work in the child abuse response field are a unique group. In addition to dedicating themselves toward intervening in heart-breaking and horrific situations involving child victims, they are some of the most caring, dedicated, team-oriented people you will ever meet. And even among that crowd, Dr. Keltner stood out. Over the course of her career, she worked on thousands of cases involving alleged child abuse and neglect. She lectured extensively, and made herself available 24/7 for consultation for other professionals. In addition to her work intervening in child abuse, Dr. Keltner was the driving force behind the development of CARES Northwest's successful prevention program, dedicated to promoting the health and safety of children throughout CARES Northwest's region. Perhaps her greatest gift, though, was the calm and kindness she exuded, especially in the midst of a crisis.

Her example serves as an inspiration to those of us who continue in this work. On behalf of the children and families she served, and the CARES Northwest staff and MDT partners, we express our heartfelt gratitude and wish her the very best in her well-deserved retirement.



Story Ideas & Feedback

We want to hear from you; this is your newsletter too. Do you have a great story idea? Want to write an article? Have feedback on an article? CAMI questions?

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Tera.a.Widger@doj.state.or.us

[Child Abuse Multidisciplinary Intervention \(CAMI\) Fund](#)



The mission of the Crime Victims' Services Division (CVSD) is to reduce the impact of crime on victims' lives by supporting statewide victim services programs, promoting victims' rights, and providing victims access to information and resources in a compassionate, responsive, and dedicated manner.