

Innovative Models and Funding Mechanisms for Medical Services for Children during CPS Investigation
 Vincent J. Palusci, MD MS, Randell C. Alexander, MD, PhD, Martin A. Finkel, DO, Michele Lorand, MD

	Florida	NJ	Chicago	NYC
Program	Florida Child Protection Teams (Department of Health – Children’s Medical Services)	Child Abuse Research Education & Service (CARES) Institute, UMDNJ-SOM	Medical Pediatric Evaluation and Education Consortium (MPEEC), the consortium is a partnership between the University of Chicago Comer Children’s Hospital, Stroger Hospital of Cook County, Children’s Memorial Hospital, the Chicago Children’s Advocacy Center, the Illinois Department of Children and Family Services and the Chicago Police	New York City Children’s Services Medical Clinical Consultation Program (MCCP)
Catchment area	Statewide – all children	The regional child abuse diagnostic and treatment referral center for 8 counties (1/3 of New Jersey) by statute	1-)The city of Chicago 2-)Outlying suburban areas on a case by case basis	5 NYC boroughs
Objectives	Complete abuse diagnostic services for all high risk children in the state. Work with DCF, prosecutors, law enforcement, and others. Non-prosecutorial focus.	Provide inpatient & outpatient medical diagnostic and treatment services, record review, convene regional child death review, participate in 7 counties biweekly MDT meetings, expert testimony, professional training.	To ensure that children receive timely and competent medical evaluations in response to allegations of abuse and neglect. To foster multidisciplinary investigative collaboration between medical professional and investigative agencies and to be an education resource regarding issues of CA/N.	To provide consultation and training on medical issues for CPS workers in all five boroughs of NYC
Services Provided	Medical and social work review of all child abuse reports each year (197,108 in 2008). In person medical and social work (and sometimes psychological) evaluations on all children referred who meet mandatory criteria for allegations of child abuse in the state, and others as team resources allow. Extensive training, participation on Death Review and other community committees. Extensive telemedicine evaluations in selected areas of the state.	The provider of choice for medical evaluations of CAN. All medical services provide by physicians. Mental health services provide by PhD level psychologists, LCSW .child psychiatrist.	Comprehensive multidisciplinary child abuse assessments provided at each of the three consortium hospitals Case review and consultation to DCFS workers and law enforcement and treating physicians to identify and interpret medical findings and make recommendations regarding medical evaluation, investigation and services Provide ongoing training for DCFS workers, law enforcement and the medical community	Case review and consultation for CPS workers, identifying medical findings and making recommendations for services for the child and family; trainings for workers on medical topics; advising workers during case conferences and home visits
Service Process	Medical and social work review of all child abuse reports each year. Mandatory criteria by which children are seen by the 23 CPTs – at CPT discretion (41,910). CPTs are area based (1 – 16	Protocol for referrals from DYFS and/or prosecutors when the State/LE is investigating allegations of CAN as follows: all CSA cases being investigated are referred, all hospitalized	<u>Mandatory Cases:</u> All children under the age of 3 with allegations of serious physical abuse (head trauma, abdominal trauma, fractures, burns) residing in the city of Chicago are referred to the program for “real time”	CPS workers contact program staff to request services. PNPs are housed in CPS offices throughout NYC. Physicians supervise PNPs and provide backup. Program staff operate

	counties each) seeing children at own clinics, at numerous community satellite offices, and every hospital in the state. Developmental screens on children under 3 years. Referrals to Sexual Abuse Programs (allied program).	children with abusive injuries, all children with fractures and/or serious physical injuries, all burns, serious neglect/FTT.	evaluation. These cases may be onsite in one of the 3 MPEC Hospital or be offsite at another facility <u>Second Opinion Cases:</u> Serious physical abuse when DCFS has a need for MPEEC services. May reside outside of the City of Chicago	from single location (Bellevue)
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Outcomes	About 25,856 children evaluated last year. 14,605 medical evaluations and additional 3,453 medical consultations. 293 psychological evaluations. 24,063 social work assessments. 450 trainings (145 physician trainings, 305 social work or other trainings).	1268 direct service medical evaluations. 627 foster care evaluations. 6308 hrs of mental health services.	The MPEEC program evaluates 350 clients/year The three hospitals also provide comprehensive medical evaluations to all children presenting to each hospital with allegations of physical abuse, sex abuse or neglect, totaling another 2,500 clients/year. High Risk follow-up clinics are also available at two of the hospital sites.	Year 1: 1,091 consults 101 conferences 82 trainings 51 home visits Ratings: 4.5 out of 5.0 Year 2 (6m): 1,163 consults 57 case conferences 142 trainings 43 home visits Ratings: 4.6 out of 5.0
Staff	Average 22 Medical Directors, 111 medical providers, 189 social workers and 52 contracted psychologists. Each team has an attorney and the program is supported by the Department of Health's General Counsel's Office	3.6 FTE pediatricians CAN, 2 FTE pediatricians foster care, 1 FTE child psychiatrist, 18 FTE mental health clinicians, 5 FTE research support staff, 11FTE administrative support staff.	9 FTE Pediatricians 3 FTE administrative support staff	12.0 FTE pediatric nurse practitioners (PNPs), 1.5 child abuse physicians, 2.0 program staff (MSW coordinator, admin asst)
Other	Sovereign immunity for medical providers. Extensive site review – quality improvement. Handbook standards. Data system for all cases information on service provision, performance standards / measurement. VOCA funding allows additional evals of non-caretaker abuse (abt 40%)			
Annual program cost	Funded by state legislature. About \$17 million directly to the teams. Additionally about another \$6 million for related services. Community and 3 rd party payors contribute approx. another \$4 million for direct services.	\$4.8 million/yr	Initially 1 million/year Decreased in year 3 to 800k	\$1.7 million annually (decreased in year 2)
Program Contact:	Randell Alexander ralextander@abusetnet.org	Martin Finkel finkelma@umdnj.edu	Michele Lorand mlorandmd@gmail.com Jill Glick jglick@peds.bsd.uchicago.edu Emalee Flaherty e-flaherty@northwestern.edu	Margaret McHugh mchugm01@nyumc.org Vincent Palusci Vincent.palusci@nyumc.org Lori Legano LAL3@nyumc.org