

NEW YORK CITY HEALTH & HOSPITALS CORPORATION

Comprehensive Evaluation and Treatment of Child Abuse and Neglect (CETCAN) Program: Ensuring access to care for the safety and wellbeing of underserved, multicultural and multiethnic children

Consuelo U. Dungca, EdD, RN
Senior Assistant Vice President

Alfreda Weaver, MSN, RN
Assistant Director

November 9, 2009
American Public Health Association (APHA)
Philadelphia, PA

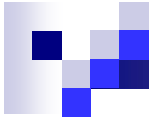


PRESENTER DISCLOSURE

Consuelo U. Dungca, EdD, RN

- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”

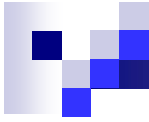


OBJECTIVES

- Discuss the components of CETCAN that relates to promotion of child safety and prevention of abuse and neglect.
- Describe the role and responsibilities of each health care provider in a CETCAN Program.

WHO WE ARE

- largest public benefit municipal hospital system in the country
- 11 hospitals
- 6 Diagnostic and Treatment Centers (D&TC)
- 4 Long Term Care Facilities (LTC)
- One Home Care Agency
- One Managed Care Health Plan (MetroPlus)
- 60 Community Health Clinics
- 26 Child Health Clinics in the five boroughs



POPULATION SERVED

- 1.3 million New Yorkers; 400,000 uninsured
- Disadvantaged, Indigent, Multicultural
- Low socioeconomic
- English is second language
- Immigrant population, many of which are new to the United States
- Widely diverse, cultural and ethnic populations with language barriers



CHILD CARE SERVICES

HHC facilities provide a wide range of pediatric health care services from acute/chronic to emergency care including screenings for abuse and neglect in all of the HHC pediatric emergency departments, inpatient units, and pediatric ambulatory care clinics.

STATISTICS: CHILD ABUSE, NEGLECT & MALTREATMENT

- According to the federal report *Child Maltreatment 2007*, figures for the country and for New York state are as follows:

	United States	New York State
Neglect	59%	57.3%
Multiple types of maltreatment	13.1%	34.8%
Physical Abuse	10.8%	1.5%
Sexual Abuse	7.6%	0.7%
Emotional Maltreatment	4.2%	< 0.1 %
Medical Neglect	< 1%	0.8%
Other Types	4.2%	4.9%

Sources of data: [Child Maltreatment 2007](#), U.S. Department of Health and Human Services, Administration for Children, Youth and Families. U.S. Government Printing Office, 2008. Posted on www.acf.hhs.gov/programs/cb. New York State 2007 MAPS and OCFS Connections Data.

BACKGROUND

- In January 2006, following the tragic death of a 7 y/o Nixzmary Brown, Mayor Michael Bloomberg announced a series of new City-wide initiatives to strengthen the City's response to child abuse, neglect and maltreatment.
- Substantial interagency reforms have enhanced the City's ability to protect its children through the City's healthcare providers, hospitals, teachers, police, child protection workers, and child caregivers.
- As part of a City-wide initiative an Intercity governmental agency task force was created with several projects assigned to different City agencies.
- The Comprehensive Evaluation and Treatment of Child Abuse and Neglect Program (CETCAN) was developed and implemented at all 11 HHC Pediatrics Emergency Departments in partnership with the intercity governmental agencies (Mayor's Office, NYPD, Dept of Education, Administration of Children's Services, District Attorneys Offices, and CDOH).

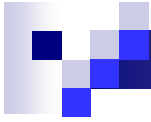
CHALLENGES

- Implement a system wide, vigorously sustainable Child Abuse/Neglect Identification, Evaluation and Treatment Protocol designed specifically to strengthen New York City's response to and recognition of multiple facets of child abuse/neglect and maltreatment .
- Improve the safety and well-being of all children in New York City.

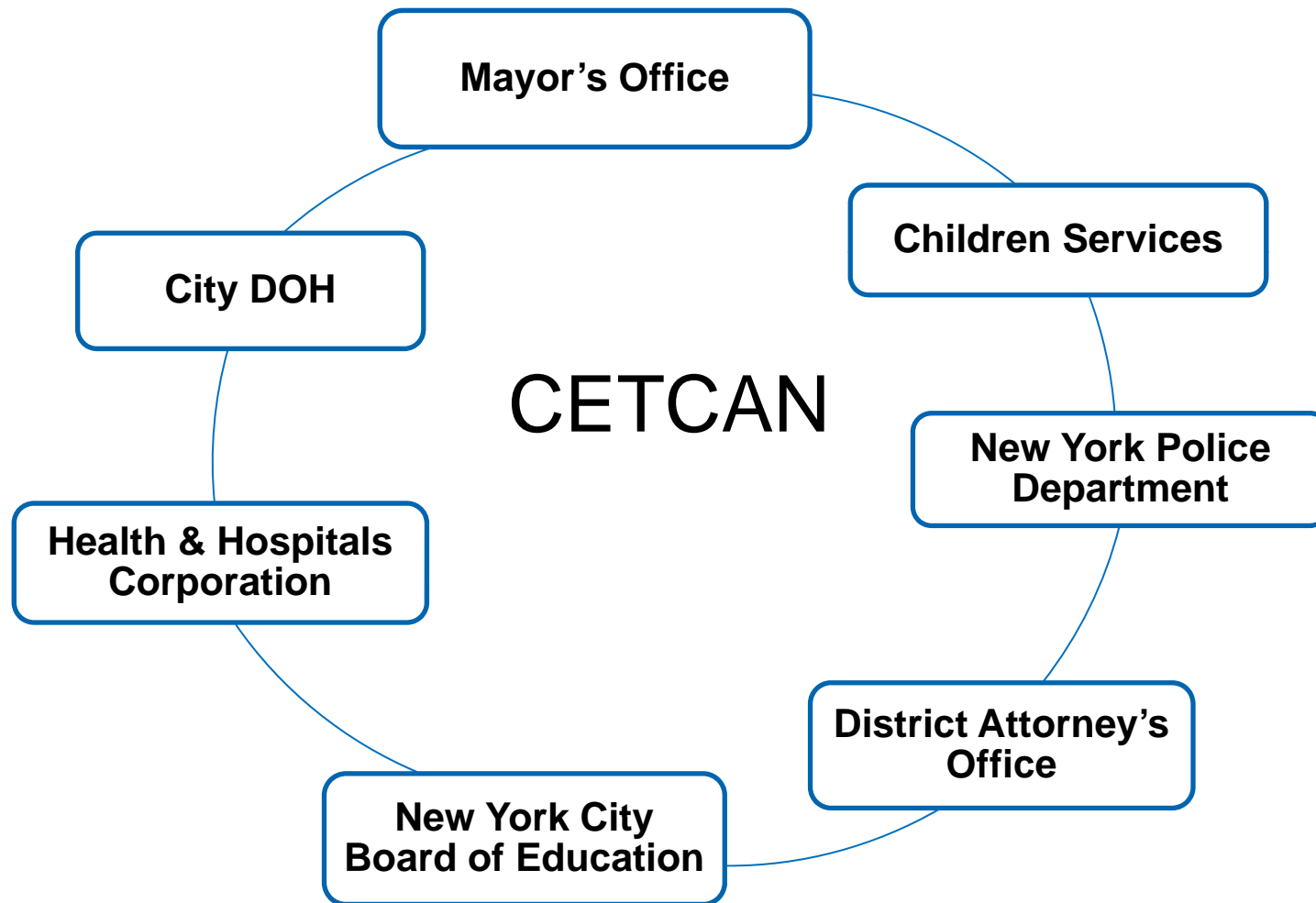
CETCAN: Comprehensive Evaluation and Treatment of Child Abuse and Neglect Program

Set of best practice guidelines designed to:

- Strengthen the medical community's response when child abuse and neglect is suspected;
- Enhance the quality of emergency care provided; and
- Expeditious referrals to City agencies that provide services to victims of child abuse and neglect.



PARTNERSHIPS



DEFINITIONS

- **Child Abuse**

An "abused child" is a child whose parent or other person legally responsible for his/her care inflicts upon the child serious physical injury, creates a substantial risk of serious physical injury, or commits an act of sex abuse against the child.

- **Child Maltreatment**

Maltreatment refers to the quality of care a child is receiving from those responsible for him/her when a parent or other person legally responsible for the care of a child harms a child, or places a child in imminent danger of harm by failing to exercise the minimum degree of care in providing the child with any of the following: food, clothing, shelter, education or medical care when financially able to do so.

- **Child Neglect**

A type of maltreatment that refers to the failure by the caregiver to provide needed, age-appropriate care although financially able to do so or offered financial or other means to do so (Neglect is usually typified by an ongoing pattern of inadequate care and is readily observed by individuals in close contact with the child.

GUIDELINES FOR CETCAN PROGRAM

- **AFFILIATION WITH A CHILD ADVOCACY CENTER (CAC)**
 - Referrals and appropriate evaluation
 - Follow-up treatment
- **CHILD ABUSE RESPONSE TEAMS**
 - Must have an organized Child Abuse Response team (CART) consisting at minimum of the following: Physician, Nurse, Social Worker, Mental Health Professional
- **INITIAL TRAINING**
 - All CART members must have completed the full- day CETCAN Training workshop
 - At least one member of the CART team must complete the Child Abuse Medical provider basic and mentoring program
 - One among the four must be designated as the CART Coordinator
- **ONGOING TRAINING**
 - The CETCAN Facility must provide or make available annually, in-service training of its emergency department professional staff in child abuse and neglect
- **CART AVAILABILITY**
 - A designated member of the CART team must be available to the ER for medical/social consultation within 30 minutes, 24 hour/day, 7 days/week
- **EMERGENCY DEPARTMENT POLICY AND PROCEDURE MANUAL IN EACH HOSPITAL**
- **REPORTS TO STATE CENTRAL REGISTRY OF ANY SUSPECTED CHILD ABUSE/NEGLECT**
- **PARTICIPATION IN CHILD ABUSE NEGLECT PROGRAMS OF THE OFFICE OF THE MAYOR**

ROLES AND RESPONSIBILITIES

- Yearly intensive training of the CART Team (physician, Social Worker, RN, mental health professional) in identifying, assessing, and treating child abuse/neglect
- Yearly mandatory training of all pediatric health care providers at HHC
- Maintain Certified CETCAN status in all HHC pediatric emergency departments
- Monitor Child Abuse Response Teams
- Meet quarterly with partners from the Mayor's Office, Children Services, Child Advocacy Center/Child Protection Center, CDOH, Board of Education, District Attorneys Office and NYPD

OUTCOMES

- Since the CETCAN program was implemented in Early 2008, staff awareness and immediate identification of child abuse/neglect have increased to 99% with provision of immediate referrals to appropriate agencies.
- Each Emergency Department in the 11 HHC hospitals have a Pediatric Sexual Assault Forensic examiner (SAFE).
- Ongoing annual training of the CART and pediatric staff with a yearly average of 140 staff participating since 2006.
- Increase collaboration among intercity agencies as evidence by immediate referrals and actions taken in any incidents (suspected or not) of any child abuse/neglect seen in the Emergency Departments.