

Children's Medical Services an overview

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division of prevention
and intervention

Children's Medical Services



What is Children's Medical Services?

- Primary purpose to provide a comprehensive statewide system of care for children with special health care needs, including a quality medical home and;
- Provide certain prevention and early intervention services for children at-risk for long term health or developmental problems
- Two Divisions –
 - CMS Network and Other Related Programs
 - Prevention and Intervention

Major Children's Medical Services Programs

- CMS Network (also a KidCare and Medicaid program)
- Newborn Screening Program – partnership with the state lab- CMS manages diagnosis and follow-up for genetic, metabolic, and other conditions identified at birth
- Early Steps - early intervention services for infants and toddlers with developmental delays
- Child Protection Team Program - Expert medical diagnosis and support services for children suspected of being abused or neglected
- Sexual Abuse Treatment Programs
- Poison Control Centers
- Child Abuse Prevention



Number of Children Served*

- CMS Network – 60,000
- Newborn Screening – All babies born in Florida; over 10,000 referred for diagnosis & followup
- Early Steps – 38,000
- Child Protection Teams – 28,400

* Approximate numbers for 2009

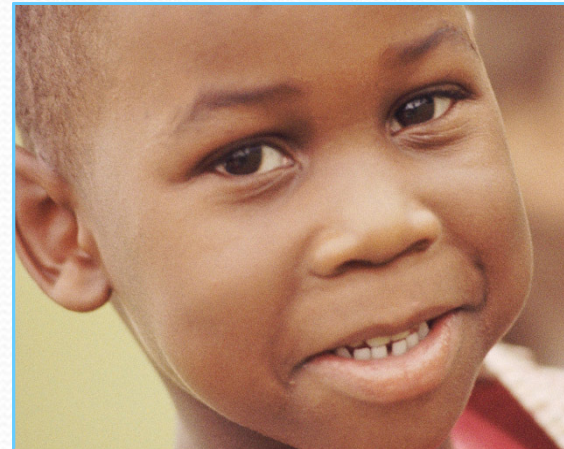
Who Does CMS Network Serve?

"Children with special health care needs younger than 21 years of age who have chronic physical, developmental, behavioral, or emotional conditions and who also require health care and related services of a type or amount beyond that which is generally required by children."

- Medicaid (Title XIX) – Medicaid benefit package
- Florida KidCare SCHIP (Title XXI) – Medicaid benefit package
- “Safety Net” – Family incomes over 200% FPL with spend-down to Medicaid level; *limited services subject to availability of state funds*

Benefits in the CMS Network

- Full range of care, including prevention & early intervention services; primary & specialty care; and palliative care
- Medicaid and Title XXI-funded CMS Network enrollees receive the full Medicaid benefit package, including dental services
- Other services that are medically necessary, such as:
 - ✓ Respite
 - ✓ Genetic Testing
 - ✓ Genetic & Nutritional Counseling
 - ✓ Parent Support



CMS Network Providers

- 22 CMS Area Offices
- 16 Local Early Steps Offices
- 13 Primary Care Networks
- Teams of trained nursing, social work professionals & support staff coordinate care with families and providers
- Over 5,000 approved physicians (board certified primary care physicians & pediatric sub-specialists)
- Other public/private partners and providers
- Partnership with Children's Mental Health to offer integrated behavioral and physical care





Early Steps

- Federal authorization: Part C of the Individuals with Disabilities Education Act
 - State must serve all eligible children referred to the program
 - State must provide for all services contained in the service plan
- State authorization: Chapter 391 and 393, Florida statutes



Early Steps Eligibility

- Ages birth to 3 years
- All incomes
- Developmental delay as determined by a standard assessment or an established condition
- Established conditions include
 - Genetic or metabolic conditions
 - Neurological conditions
 - Autism Spectrum Disorder
 - Significant sensory impairment



Key Early Steps Components

- Operated through 15 regional organizations that contract with multiple community providers
- Individualized family support Plan essential document
- Services in the natural environment
- Transition to school at age 3
- Part C payer of last resort including Medicaid
- Maintenance of effort requirement



What We Will Present Today

- Florida's Child Protection Team (CPT) Program
- Sexual Abuse Treatment Programs
- Poison Control Centers
- CPT Telemedicine Network
- Child Abuse Prevention Unit



Child Abuse Prevention Unit

The Children's Medical Services, Division of Prevention and Intervention has a Prevention Unit that provides Intra and Inter departmental collaboration on a broad scale of Child Abuse Prevention activities.



Child Abuse Prevention Unit

Current Projects

- Incidence of Child Abuse in the Early Step Population
 - To identify children who are or have been served by Early Steps and who had a verified or indicated report of CAN;
 - To identify common and differential characteristics
 - To identify issues and possible means to ameliorate those issues that lead to children with disabilities being the subject of CAN;
 - To identify training issues for professionals and paraprofessionals – Satellite education
 - Shaken Baby Syndrome, Sexual Abuse Prevention, Unsafe Sleep Initiatives, CAN Prevention – ACE study



Poison Control Centers

- Florida Poison Control Information Center – Jacksonville – Shands Jacksonville Medical Center
- Florida Poison Control Information Center – Tampa – Tampa General Hospital
- Florida Poison Control Information Center – University of Miami -
- Poison Control Data Center – Jacksonville
- <http://www.fpicn.org/>

CPT Telemedicine & Telehealth Network

Goals:

- Increase local medical expertise in evaluating children to be abused
- Provide hospital emergency room and other local health care facility staff access to experts in child abuse 24 hour/7day/week
- Reduce the number of children needing transportation for evaluation



child protection team
Children's Medical Services

Milton Niceville
Pensacola Gulf Breeze

Gainesville

★ **Current CPT Telemedicine Sites
As of 1-12-10**

- Pensacola
- Gulf Breeze
- Milton
- Niceville
- Gainesville
- Beverly Hills
- Brooksville
- Bushnell
- Leesburg
- Miami
- Key West
- Tavernier
- Marathon

Beverly Hills
Brooksville
Leesburg
Bushnell

Marathon
Key West
Tavernier
Miami

Authority for Child Protection Teams

- Chapter 39.303, Florida Statutes, authorizes the Children's Medical Services Program in the Department of Health to develop, maintain and coordinate child protection team services through contracts with local community-based programs.



Eligibility for Referral

- Any allegation of child abuse or neglect that has been reported to the Florida Abuse Hotline and accepted for investigation provides automatic eligibility for CPT assessment activities.



Child Protection Team Program –

***A medically directed,
multidisciplinary program based
on the idea that child abuse and
neglect involve complex issues
and require the expertise of many
professionals to protect children.***



Florida's Child Protection Team System

- Statutorily mandated
- 24 teams delivering services in 51 locations
- 12 Telemedicine sites
- Medically led - Multidisciplinary
- Independent objective consultants to child protective investigations
- Provides –
 - Medical evaluations
 - Psycho-socials
 - Forensic interviews
 - Specialized interviews
 - Case coordination/management services
 - Psychological evaluations
 - Child safety recommendations
 - Risk assessment

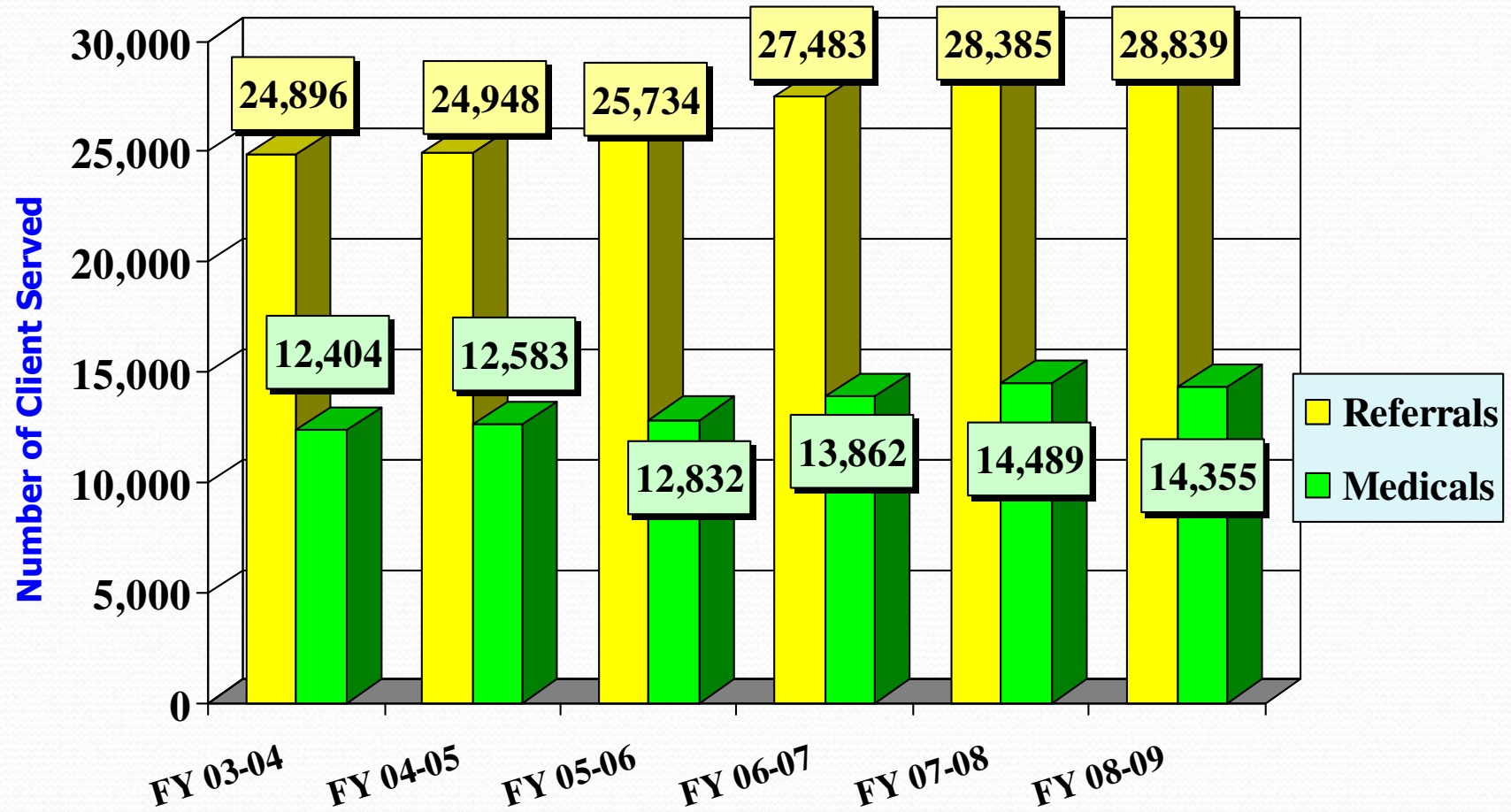
Kayla McKean (subsequently renamed Child Protection Act)

Child Protection Act (1999)

- Resulted in major changes to the reporting and investigation process of alleged child abuse
- Coupled with other administrative changes, child abuse reports increased from 140,014 in 98-99 to a high of 192,434 reports in 03-04. In 04-05, 171,982 reports were received by the hotline.*
- Mandated that child protective investigators refer certain cases to CPTs for medical evaluations and other assessment services
- Established mandatory referral criteria (law was modified in 2000 to include certain exceptions)
- Required that Child Protection Team Medical Directors and Team Coordinators review all abuse reports to determine if they met the mandatory referral criteria.

**Department of Children and Families Hotline Activity Summaries*

CPT Referrals and Medical Evaluations for FY 03-04 through FY 08-09



Mandatory Referral Criteria

Abuse reports that must be referred to CPTs include cases involving allegations of:

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age
- Bruises anywhere on a child five years of age or younger
- Any allegation of sexual abuse of a child
- Reported malnutrition or failure of a child to thrive

Mandatory Referral Criteria

(continued)

- Any sexually transmitted disease in a prepubescent child
- Reported medical neglect of a child
- Symptoms of serious emotional problems when emotional or other abuse, abandonment, or neglect is suspected
- Any family in which one or more children have been pronounced dead on arrival at a hospital or other health care facility, or have been injured and later died, as a result of suspected abuse, abandonment, or neglect, when any sibling or other child remains in the home

TEAM PHILOSOPHY

- Statutory Client = C&F & Law Enforcement
- Ethical Client = Child and Family
 - Supercedes statutory client relationship
 - Dictates that we function in the same way with all clients
 - Empowers us to advocate for the right thing no matter what we are asked to do
 - Allows clinical “rightness” to trump legal sufficiency

Forensic

- Suitable to or related to courts of judicature
- Argumentative
- Forensic Medicine- A science that deals with the relation and application of medical facts to legal problems (Webster's, 1981)
- Forensic Interviewing- An art that deals with the relation and application of verbal questioning and investigation to legal issues and outcomes. (MacFarlane, 1994)

Costs of Inaccurate Information

False Positives +

Falsely Accused Person: **High cost**

- lifetime stigma
- Loss of child; supervision of contact
- Loss of liberty, employment, money

Child, Agencies & Society: **Low Cost**

False Negatives

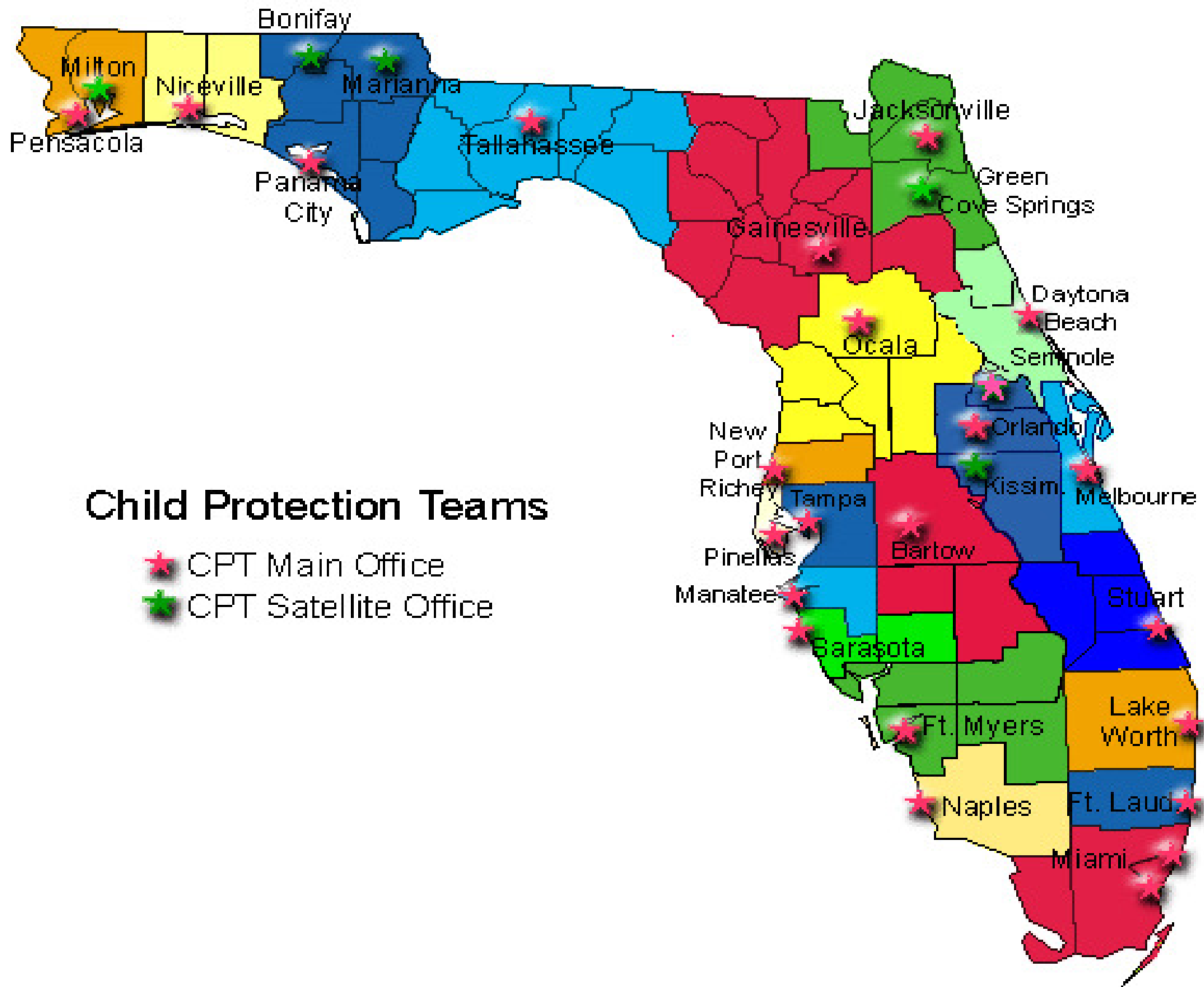
Wrongly Exonerated: No cost/ Clear benefit

Child and Society: High cost

- Continued Abuse
- Potential abuse of other children
- Likely increase in psychological harm
- Child betrayed by helping system

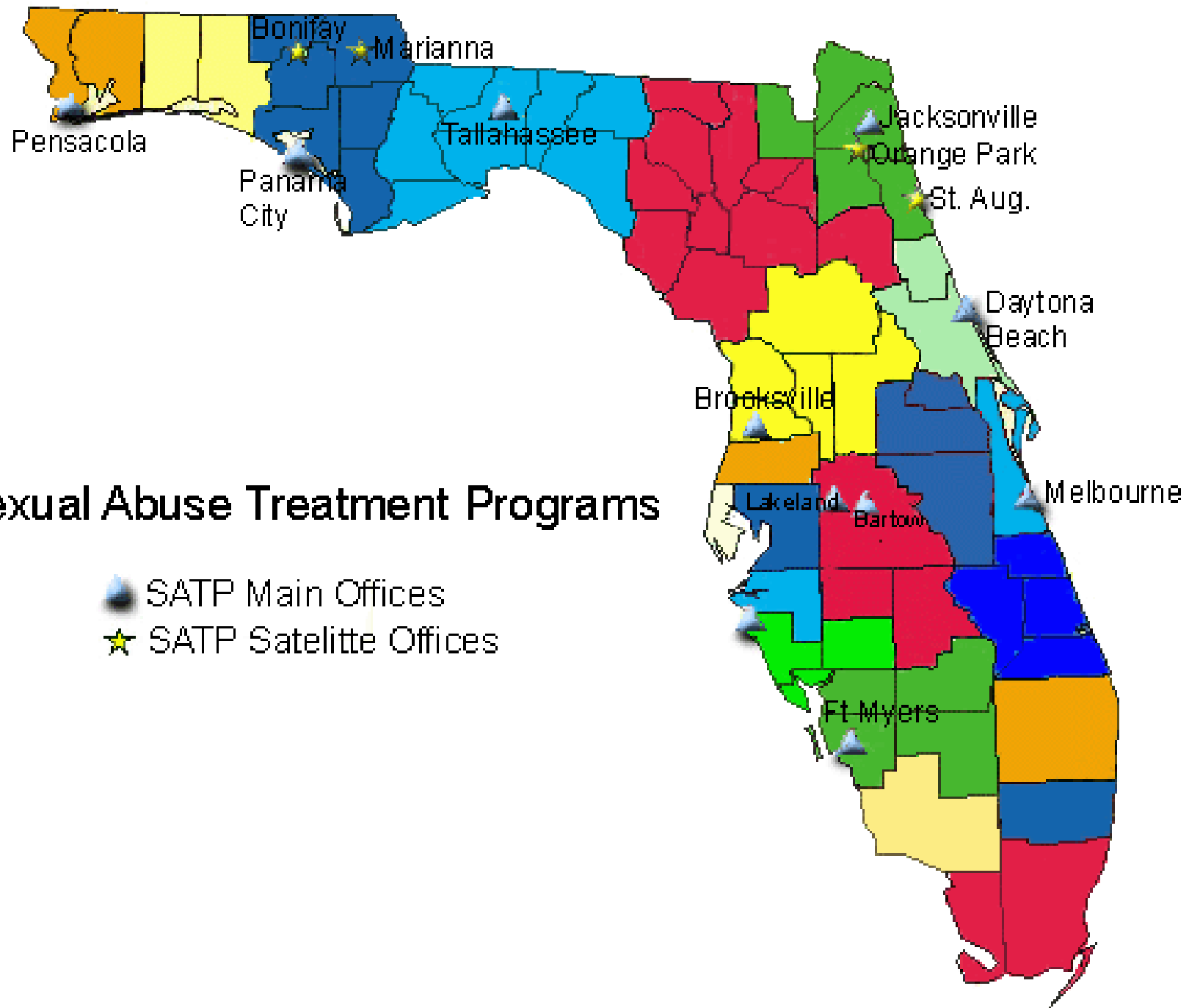
Interviewer/Agency: Low cost

- No reprisal from child, accused or media
- Unlikely reprisal from family or system



Sexual Abuse Treatment Programs

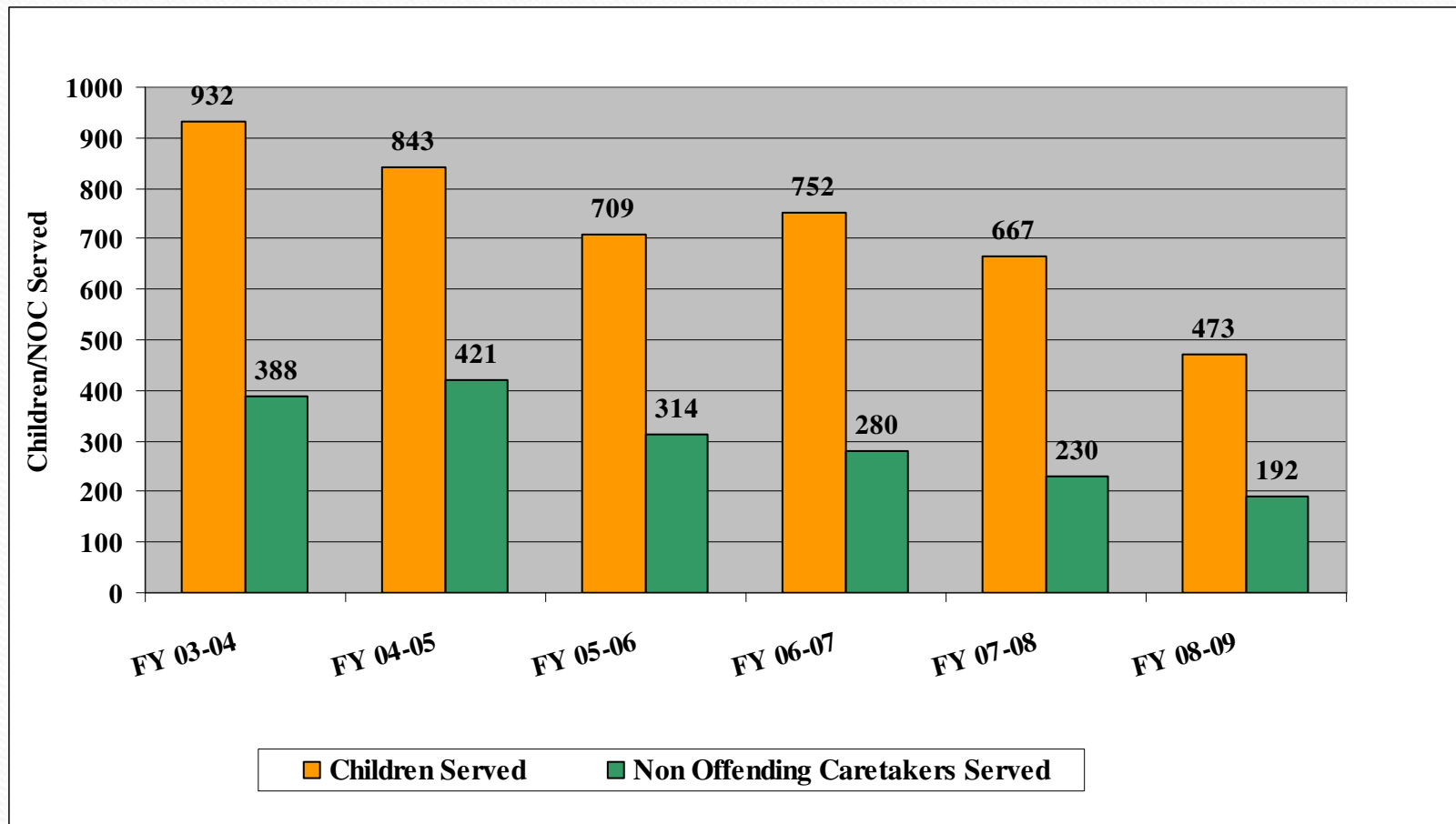
- 18 programs
- Children sexually abused by a caretaker
- Group therapy
- Non-offending parents
- Individual therapy as appropriate
- Case coordination
- Child Safety recommendations
- Offender treatment (2 programs)
- Funded in partnership with the Office of the Attorney General – VOCA funding



Sexual Abuse Treatment Programs

-  SATP Main Offices
-  SATP Satellite Offices

Children and Non-Offending Caretakers Served by Sexual Abuse Treatment Programs



What are some common problems associated with children who are abused ?

fear, anxiety, posttraumatic stress symptoms,
depression, sexual difficulties, poor self-esteem,
stigmatization, difficulty with trust,
cognitive distortions, difficulty with affective
processing,
aggression, disruptive behavior,
peer socialization deficits

Saunders, B.E., Berliner, L., & Hanson, R.F. (Eds.). (2003).



Assessment Questions

- *Have you conducted a thorough assessment?*
- *Do you use objective measures to track progress?*
- *How do you know when client goals have been met?*
- *How do you know that your practice is effective?*
- *Are you sure you are not overlooking certain areas?*
- *Do you use standard assessment tools to improve your practice?*
- *If you are using an evidence-based practice, how do you know if you are getting similar effective results?*

What is Evidence-Based Assessment?

- Evidenced-based assessment incorporates the use of evidence and theory to select the aspects, conditions or domains to be assessed.
- Uses evidence-based assessment tools.
- Utilizes the best methods for the assessment processes.

Evidence-based assessment is used to guide evidence-based treatment from the beginning, middle and end of treatment.

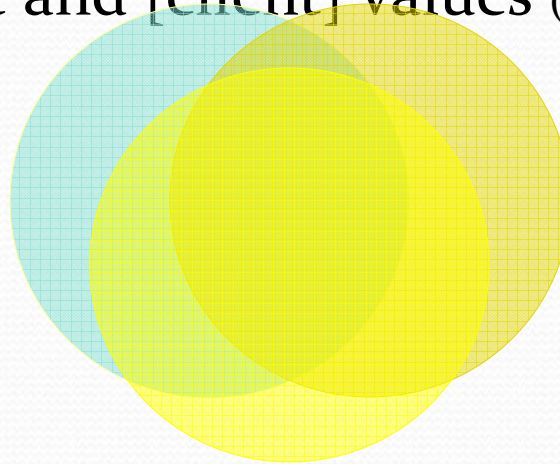
(Hunsley & Mash, 2007).

Evidence-Based Practice

(Gambrill, 2006)

EPB is “the integration of best research evidence with clinical expertise and [client] values (Sackett et al., 2000,p1.)

*Best Available
Evidence*



*Client Values &
Preferences*

Clinical Expertise

The *Process* of EBP

1. Convert practice decisions into answerable questions
2. Search for best evidence
3. Critically appraise evidence
4. Decide about applying evidence (if any), considering client values and clinical expertise
5. Evaluate effectiveness and efficiency AND incorporate feedback (evaluation) to improve practice

(Sackett et al., 2000 as cited in Gambrill, 2006)

Considerations for Assessment with Children and Adolescents:

- Multi-dimensional assessment
 - Multiple informants (i.e. parents, caretakers, teachers and other important child-adult relationships)
 - Multiple settings (i.e. home, school, peers)
 - Multiple methods (i.e. rapid assessment instruments, interviews, observations, therapeutic options)
- Broad assessment tool followed by a selected specific condition assessment tool.
- Preexisting and concomitant difficulties.

Considerations for Assessment with Children and Adolescents:

- Developmentally informed assessments
- Culturally informed assessments
- Therapeutic and informative

Assessment Tools for Abused Children

- Child Behavior Checklist (Achenbach, 1991)

<http://www.aseba.org/index.html>

Competencies: child's activities, social relations, and school performance

Six DSM-oriented scales: affective problems; anxiety problems; somatic problems; attention deficit/hyperactivity problems; oppositional defiant problems; and conduct problems. Internalizing or externalizing problems.

Assessment Tools for Abused Children

- Trauma Symptom Checklist for Children (Briere, 1996)

<http://www.johnbriere.com/tscc.htm>

6 Subscales: Anxiety; depression; PTSD (3 clusters); Sexual Concerns (sexual preoccupation and sexual distress); dissociation (fantasy and overt dissociation); anger.

Underresponse and Hyperresponse

Other Instruments

- Child Abuse Potential Inventory (Milner, 1986)
- Child and Adolescent Functional Assessment Scale (Hodges, 1997)
- Child Sexual Behavior Inventory (Friedrich, 1998)
- Children's Impact of Traumatic Events Scale-2 (Wolfe & Gentile, 1991)
- Child's Attitude towards Mother Scale (Hudson, 1982)
- Child's Attitude towards Father Scale (Hudson, 1982)
- Fear Survey Schedule for Children-Revised (Ollendick, 1978)
- Index of Self Esteem (Hudson, 1982)
- Kovacs' Children's Depression Inventory (Kovacs, 1992)
- Mood and Feelings Questionnaire (Angold & Costello, 1987)
- Revised Children's Manifest Anxiety Scale (Reynolds & Richmond, 1985)
- Symptom Checklist-90-Revised (Derogatis, 1983)
- UCLA-Index for DSM-IV

Saunders, B.E., Berliner, L., & Hanson, R.F. (Eds.). (2003). *Child Physical and Sexual Abuse: Guidelines for Treatment (Final Report: January 15, 2003)*. Charleston, SC: National Crime Victims Research and Treatment Center.

TF-CBT Components

PRACTICE

- Psychoeducation and parenting skills
- Relaxation
- Affect modulation
- Cognitive processing
- Trauma narrative
- In Vivo desensitization
- Conjoint parent-child sessions
- Enhancing safety and social skills



EBP WWW Sources

- California Evidence-Based Clearinghouse for Child Welfare www.cachildwelfareclearinghouse.org
- North Carolina Evidence-Based Practice Center NCEBPC
www.ncebpcenter.org
- Univ. of Michigan School of Social Work
www.lib.umich.edu/socwork/rescue/ebsw.html

EBP WWW Sources

- Cochrane Collaboration

<http://www.cochrane.org/index.htm>

<http://www.cochrane.us/>

<http://www.bris.ac.uk/Depts/CochraneBehav/index.html>

<http://www.campbellcollaboration.org/>

EBP WWW Sources

- National Registry of Evidence-based Programs and Practices (NREPP), a service of the Substance Abuse and Mental Health Services Administration (SAMHSA).

<http://nrepp.samhsa.gov/>

- Columbia University Musher Program

www.columbia.edu/cu/musher/EBP%20Resources.htm

- Center for Evidence-Based Social Services (CEBSS)

<http://www.ripfa.org.uk/aboutus/archive/>

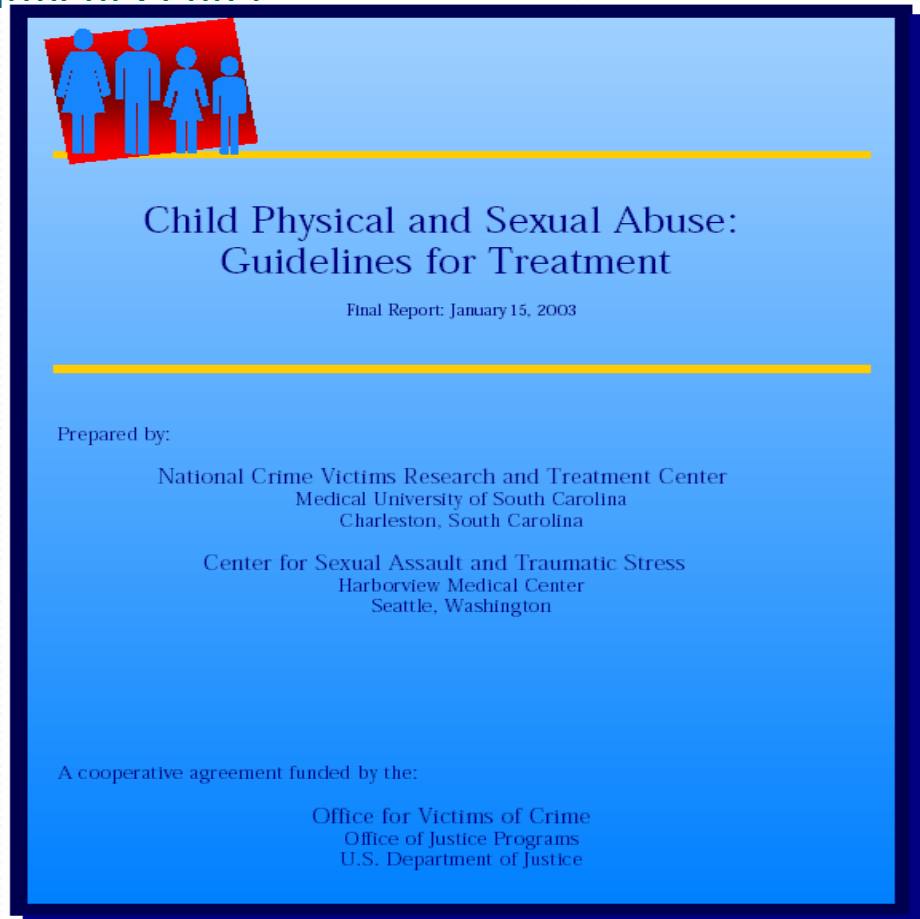
EBP WWW Sources

- National Center for Childhood Traumatic Stress,
National Child Traumatic Stress Network

http://www.nctsnet.org/nccts/nav.do?pid=home_main

<http://tfcbt.musc.edu/> (free web-based training in
TF-CBT)

Saunders, B.E., Berliner, L., & Hanson, R.F. (Eds.). (2004). *Child Physical and Sexual Abuse: Guidelines for Treatment (Revised Report: April 26, 2004)*. Charleston, SC: National Crime Victims Research and Treatment Center



<http://colleges.musc.edu/ncvc/>



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