



ADDRESSING AND PREVENTING CHILD ABUSE IN CUYAHOGA COUNTY: TOWARD A COORDINATED APPROACH

Too many children living in Cuyahoga County suffer from abuse or neglect. Even more alarming, the rate of confirmed abuse or neglect-related child deaths in Cuyahoga County is significantly higher than the national average. Black and brown children are disproportionately victimized and represented in these child abuse rates. **A suspected history of child abuse or neglect and/or domestic violence in the home are among the top risk factors for child homicides, and yet these risk factors and other early warning signs are too often missed by providers.** Additionally, there are reports of significant underreporting of child abuse during the COVID-19 pandemic, which has heightened the sense of urgency to protect children. A more comprehensive, coordinated approach for early identification and treatment of child abuse and neglect is required.

Cuyahoga County is uniquely resource-rich with three major hospital systems that may come into contact with child victims of abuse. **The combined presence of MetroHealth, University Hospitals and the Cleveland Clinic, as well as local federally qualified health centers and community health centers, presents an opportunity to address the issue of child abuse in an impactful, county-wide strategy in partnership with the Cuyahoga County Division of Children and Family Services (DCFS) and other community organizations, including the existing child advocacy center (CAC).** Cross-system collaboration with early warning mechanisms for child abuse detection and identification, improved referral, protection, and follow-up of these cases, and coordinated information sharing across medical institutions and social service agencies would create a critical network to help prevent and reduce child abuse and neglect.

A COORDINATED APPROACH

There are two well-established types of coordinated approaches to addressing child abuse cases: multi-disciplinary teams (MDTs) that operate via a child advocacy center (CAC) and medical or hospital-based child protection teams (CPTs)¹. Multidisciplinary teams generally include

representation from law enforcement, child protective services, prosecution, medical services, mental health services, social work, victim advocacy, and, if available, a child advocacy center. Medical CPTs perform a number of essential tasks when working with victims of child abuse and neglect and their families, including medical consultations, communication of findings to appropriate agencies, multidisciplinary review of cases, forensic interviews, and expert testimony.

Effective CAC-MDT models include:

- a dedicated medical team (i.e., a medical CPT)
- interagency collaboration for peer review of cases to aid in early identification of potential abuse
- video recording the forensic interview during the initial evaluation, which can reduce child re-traumatization by preventing the need for additional interviews
- redacting demographic information from cases during review, to help reduce socioeconomic and racial disparities by removing bias
- consistent and ongoing education and training for all team members, which aids in early identification and child trauma mitigation
- enacting policies that require standard clinical pathways (e.g., head-to-toe examinations or injury surveys for all children under 18 years of age) to assist in early and more accurate identification of child abuse and neglect
- consultation with trained child abuse medical providers immediately following suspicious findings

Given the abundance of hospital resources and the availability of a functioning CAC in Cuyahoga County, committing to one of a range of coordinated models could provide a much-needed county-wide response that engages all the essential system partners in a comprehensive child abuse prevention approach.

Because of the complexity of cases and variation in each child's circumstance, a comprehensive response would require a specialized coordinating function; CACs have been highly effective in facilitating this key function. Across the proposed

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models, a medical CPT – comprised of physicians and clinicians from one or more of the three local hospital systems – would work closely with the MDT based at the CAC for early identification of child abuse and neglect cases and effectively treat children and provide ongoing support to victims and their families. One key component to a successful system-wide approach to addressing child abuse is interagency datasharing, which aids in case conferencing, so that all data from all medical systems can be used to inform decision-making. Ideally, a database to which all MDT and medical CPT members had access would be designed so that all components of a child’s case could be accessed for informed

decision-making and service provision. Finally, a diverse pool of adequate funding sources are essential to building a fully coordinated systems approach in order to better prevent and support more child abuse victims in Cuyahoga County.

Building this coordinated systems approach will require a committed public-private partnership with an initial investment of dedicated funding and resources for planning and implementation. While this may present a formidable task, the payoff of helping to prevent child abuse and related child deaths in a racially equitable approach, as well as supporting more vulnerable children and families in Cuyahoga County, makes this a worthy challenge.

Key Features of Medical CPT Models*			
Medical Suite Staffing	System-Wide Coordinated Approach	Lead Hospital Coordinated Approach	Single Hospital System Coordinated Approach
<ul style="list-style-type: none"> Advanced medical consultant 	One advanced medical consultant from each hospital	One advanced medical consultant/director from lead hospital who coordinates with CAC to operate and staff the medical suite	One hospital system is formally part of CAC MDT – no other hospital systems are involved One advanced medical consultant/director from a single hospital system who coordinates with CAC to staff the medical suite
<ul style="list-style-type: none"> Pediatric sexual assault nurse examiners Nurse practitioner/advanced practice nursing (APN) Child abuse pediatrician/advanced medical consultant 	Equal time commitment of staff time from each hospital	Varying time commitment of staff time from other hospitals	Single hospital provides staff

*CAC ROLE: In each model, the CAC will provide a full-time medical coordinator and clinic operations manager, engage the CPT as part of MDT, hold the CPT accountable as part of MDT, and refer clients to hospital of choice as desired and needed by the client and family.

MOVING FORWARD

Cuyahoga County and health system leadership are encouraged to jointly assemble a core team with a clear charge and timeline to create a plan for moving forward, with the following priorities:

- Build collaboration among greater Cleveland hospital systems and other key stakeholders to develop a coordinated county-wide system to better address and prevent child abuse.
- Identify opportunities and barriers for interagency data sharing to help operationalize an early warning system, a key component to a system-wide approach to addressing and further preventing child abuse.
- Engage potential public and private partners to diversify and strengthen revenue sources to create a sustainable long-term coordinated effort.

This report was created in consultation with an interdisciplinary advisory group (see full report) in response to a request from the Department of Child and Family Services (DCFS) Advisory Board. We thank them for identifying this as a concern for Cuyahoga County and hope this will lead to a coordinated effort to improve our system of care for children across the county. We also thank leadership at DCFS under the direction of the Cuyahoga County Executive for their support of this report.

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1. EXAMPLES OF CURRENT COORDINATED SYSTEMS: Philadelphia Children’s Alliance (Philadelphia, PA), Dallas Children’s Advocacy Center (Dallas, TX), Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC) (Chicago, IL), Yale DART (New Haven, CT), MUSC Children’s Health Child Abuse Program (Charleston, SC). *For more information, see full report.*