

Medical Child Abuse Resources and Education System Biennial Report 2021-2022

**As Required by
Texas Health and Safety Code,
Section 1001.155**



TEXAS
Health and Human
Services

Texas Department of
State Health Services

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Executive Summary

The Texas Department of State Health Services (DSHS) prepared the Medical Child Abuse Resources and Education System (MedCARES) biennial report in compliance with [Texas Health and Safety Code, Section 1001.155](#). The report discusses the MedCARES grant program recipients, activities, and outcomes and is due to the Governor and the Legislature by December 1 of each even-numbered year. This report covers grant activities occurring from July 2020 through August 2021.

Per [Health and Safety Code, Section 1001.157](#), DSHS is only required to implement the MedCARES grant program if the department is appropriated funding for that purpose. The [2022-23 General Appropriations Act \(Senate Bill 1, 87th Legislature, Regular Session, 2021\)](#) did not appropriate MedCARES funding. Effective August 31, 2021, DSHS ended the MedCARES grant program.

From 2010 to 2021, DSHS awarded MedCARES grants to develop and support regional programs that improve the prevention, assessment, diagnosis, and treatment of children for whom there is a concern for abuse or neglect. Another program goal was to build a child abuse and neglect medical expert assessment infrastructure to improve timely and accurate diagnosis access. DSHS administered the MedCARES grant program by awarding contracts to qualifying facilities, monitoring contractor activities, providing best practice dissemination opportunities, and gathering contractor data.

MedCARES provided medical expert access for inpatient and outpatient care, public education, case reviews for other physicians, trainings, and court appearances.

Other MedCARES program activities included:

- Hired physicians, nurses, social workers, and therapists to identify, treat, and assist children for whom there is a concern for abuse or neglect;
- Trained community partners on maltreated child assessment, medical treatment, and evidence-based psychological interventions;
- Increased medical provider collaboration;
- Increased coordination with Child Protective Services, law enforcement personnel, foster care systems, and judiciary personnel through consultation, medical case reviews, and court testimony; and
- Provided accredited child abuse pediatrics fellowships.

1. Introduction

As required by [Texas Health and Safety Code, Section 1001.155](#), the Texas Department of State Health Services (DSHS) submits a Medical Child Abuse Resources and Education System (MedCARES) grant recipient activities report to the Governor and the Legislature by December 1 of each even-numbered year.

From 2010 to 2021, DSHS managed the MedCARES grant program. The program developed and supported regional initiatives to prevent, assess, diagnose, and treat children for whom there is a concern for abuse or neglect.

[Texas Health and Safety Code, Section 1001.152](#) states that MedCARES grants may be used to support the following activities:

- Comprehensive medical evaluations, psychosocial assessments, treatment services, and written and photographic documentation of abuse;
- Education and training for health professionals, including physicians, medical students, resident physicians, child abuse fellows, and nurses relating to the assessment, diagnosis, and treatment of child abuse and neglect;
- Education and training for community agencies involved with child abuse and neglect, law enforcement officials, child protective services staff, and children's advocacy centers involved with child abuse and neglect;
- Medical case reviews and consultations, and testimony regarding those reviews and consultations;
- Research, data collection, and quality assurance activities including the development of evidence-based guidelines and protocols for the prevention, evaluation, and treatment of child abuse and neglect;
- The use of telemedicine and other means to extend services from regional programs into underserved areas; and
- Other necessary activities, services, supplies, facilities, and equipment as determined by the department.

Effective August 31, 2021, DSHS ended the MedCARES grant program due to lack of appropriations. This report covers grant activities occurring from July 2020 through August 2021.

2. Background

In 2007, legislation passed ([Senate Bill 758, 80th Legislature, Regular Session, 2007](#)) establishing the Pediatric Center of Excellence Committee. The Committee recommended and developed suspected child abuse and neglect guidelines, procedures, and protocols for medical professionals and institutions. The Committee's 2009 legislative report emphasized the importance of a comprehensive child abuse and neglect prevention, assessment, diagnosis, and treatment approach.¹

In response to the Committee's report, the Legislature established the Medical Child Abuse Resources and Education System (MedCARES) grant program to develop and support regional initiatives that improve the assessment, diagnosis, and treatment of children for whom there is a concern for abuse or neglect.²

The Texas Department of State Health Services (DSHS) used a competitive grant process to award contracts to hospitals, academic health centers, and health care facilities with pediatric health care expertise. Grantee eligibility criteria are in [Appendix A](#).

In state fiscal year 2021, DSHS awarded MedCARES contractors approximately \$3.3 million in funding to increase child abuse and neglect prevention, education, and partnership building efforts.

Various types of child abuse and neglect are categorized as adverse childhood experiences (ACEs).³ The [Centers for Disease Control and Prevention-Kaiser Permanente Adverse Childhood Experiences Study](#) defines ACEs as negative experiences faced during the first 18 years of life that increase chronic disease, depressive disorder, and premature death risk. ACEs can include parental absence, neglect, and violence. The study identified ten core adverse experiences that link with negative health outcomes later in life. The higher number of ACEs a child

¹ Pediatric Centers of Excellence Advisory Committee Findings and Recommendations (2009). Available at dshs.texas.gov/legislative/PCOE_Report.pdf.

² [Senate Bill 2080, 81st Texas Legislature, Regular Session, 2009](#).

³ Fast Facts: Preventing Adverse Childhood Experiences. Reviewed August 2022. Available at cdc.gov/violenceprevention/aces/fastfact.html.

experiences, the higher the likelihood of developing long term health problems and chronic illness.⁴

[House Bill 2848, 85th Legislature, Regular Session, 2017](#), required MedCARES contractors to be allowed to consult with physicians who specialize in identifying unique health conditions. This legislation also outlined the specialty consultation referral process and a physician case assessment disagreement procedure.

[Texas Health and Safety Code, Section 1001.157](#), requires DSHS to implement the MedCARES grant program only if the department is appropriated funding for that purpose. The [2022-23 General Appropriations Act \(Senate Bill 1, 87th Legislature, Regular Session, 2021\)](#) did not appropriate MedCARES funding. DSHS ended the MedCARES grant program on August 31, 2021.

⁴ Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS (2018). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258. Available at [doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8).

3. Contractor Overview and Activities

In state fiscal year 2021, the Texas Department of State Health Services (DSHS) awarded approximately \$3.3 million through the Medical Child Abuse Resources and Education System (MedCARES) grant program to 11 contractors. For a map of the contractors, see [Appendix B](#).

MedCARES contractors submitted monthly activity reports detailing the work they performed. Contractors used funds to employ staff that provided direct and preventive services and implement prevention activities. Activities varied based on community need. As such, contractor data comparisons are not possible.

For data collection measures and definitions, see [Appendix C](#).

Education and Training

MedCARES contractors provided community-based education and training to individuals who work with children for whom there is a concern for abuse or neglect and other members of the public. These individuals included law enforcement, case workers, judiciary members, parents, teachers, advocacy centers, and medical professionals. MedCARES contractors provided information and trainings on topics such as abuse type identification, abuse or neglect reporting requirements, medical conditions that mimic abuse or neglect, and child safety.

Trainings also covered the importance of a thorough medical assessment including obtaining and reviewing additional historical information through medical records, laboratory evaluations, imaging evaluations, follow-up appointments, and additional medical subspecialist consults when needed.

Additionally, many MedCARES contractors participated in their local Child Fatality Review Team (CFRT). CFRTs are community partner groups that review local child deaths from a public health perspective. The CFRTs' purpose is to improve child fatality response, provide accurate information on how and why Texas children are dying, and reduce preventable child deaths.

MedCARES contractors also provided fellowship training to pediatricians who opted to specialize in the child abuse pediatrics field. Child abuse pediatricians (CAPs) are highly trained physicians available for medical consultation when there are child

abuse or neglect concerns. These professionals have expertise in managing and mitigating abuse consequences. To sit for the board examination and receive a CAP designation, physicians must receive a general pediatrics certification and then complete a three-year accredited child abuse pediatric fellowship.⁵ Additionally, MedCARES grantees hired other child abuse specialists such as forensic nurse examiners, sexual assault nurse examiners, physician assistants, nurse practitioners, psychologists, and social workers.

From July 2020 to August 2021, MedCARES contractors completed 1,372 trainings and presentations totaling 3,184 hours. These educational opportunities included informal and formal individual teaching methods. Casual one-to-one interactions were not included. For additional contractor promotion activity data, see [Appendix D](#).

Direct Services

MedCARES contractors provided direct inpatient and outpatient services for children for whom there is a concern for abuse or neglect. Medical services included comprehensive medical evaluations and subspecialty access such as radiology, toxicology, neurology, trauma care, and burn care. Depending on the concern, a child could require specialized equipment or additional specialty medical professional care. In addition to in-person and telephone consultations with other medical providers, MedCARES contractors provided case reviews and court testimony.

From July 2020 to August 2021, the 11 MedCARES contractors conducted 11,207 face-to-face initial visits and 5,082 follow-up visits.⁶ These visits included a comprehensive assessment of a patient's overall medical history and current condition to identify health problems and plan treatment.⁷

For additional direct service data, see [Appendix D](#).

⁵ A Guide to Board Certification in Pediatrics: Booklet of Information (2022). Reviewed August 2022. Available at abp.org/sites/abp/files/pdf/certboi.pdf.

⁶ A patient could have multiple follow up visits related to an initial visit.

⁷ Medical Evaluation: What does Medical Evaluation Mean? (2018). Reviewed June 2019. Available at workplacetesting.com/definition/1468/medical-evaluation.

Contractor Descriptions and Activities Narratives

This section lists July 2020 to August 2021 individual contractor descriptions, staffing summaries, and activity highlights.

Baylor Research Institute dba Baylor Scott & White Research Institute

Baylor Scott & White McLane Children's Medical Center's Child Protection Team (CPT) provided comprehensive medical evaluations for children for whom there is a concern for abuse or neglect. In addition, CPT collaborated with multiple community partners to provide care for suspected victims and prevention resources. CPT developed and implemented injury and violence prevention programming, such as the Shaken Baby Prevention Program and institutional guidelines for the identification, evaluation, and management of children for whom there is a concern for abuse or neglect. Staff also educated medical professionals and community members including law enforcement, Child Protective Services (CPS), emergency medical technicians, local advocacy agencies, and schools.

CPT staffed a comprehensive team with two board-certified pediatricians with child abuse and neglect experience and training, one board-certified pediatric and adolescent obstetrics/gynecology certified physician, 17 sexual assault nurse examiners/forensic nurses, two licensed master social workers, and various pediatric subspecialists who identified and treated unique medical conditions.

Baylor Scott & White McLane Children's Hospital used MedCARES grant funding to:

- Update Period of PURPLE Crying Program implementation and evaluation processes;⁸
- Provide 101 education hours to 1,553 stakeholders through 52 trainings; and
- Hire numerous staff such as a part-time pediatrician to develop, coordinate, and operate a foster care and growth and feeding clinic.

⁸ Period of PURPLE Crying is a research-based education program developed by the National Center on Shaken Baby Syndrome.

Children's Medical Center of Dallas dba Children's Health, Dallas

Children's Health, Dallas' Referral and Evaluation of At-Risk Children (REACH) clinic worked closely with community agencies to promote early at-risk child identification and support families through primary and secondary prevention efforts. REACH operated in collaboration with the University of Texas Southwestern Medical Center Department of Pediatrics' hospital-based child abuse medical evaluation program. The REACH team consisted of CAPs, a clinical pediatric psychologist, nurse practitioners, a CAP fellow, licensed social workers, a child life specialist, a registered dietitian, and a program coordinator.

Children's Health, Dallas used MedCARES grant funding to:

- Provide a weekly group learning experience about clinic and hospital consultation for third- and fourth-year medical students, residents, fellows, and interns;
- Coordinate monthly child protection Grand Rounds continuing education; and
- Host a twice-yearly sexual assault nurse examiner training program.

CHRISTUS Santa Rosa Health System Children's Hospital of San Antonio Center for Miracles

The CHRISTUS Santa Rosa Health System Children's Hospital of San Antonio Center for Miracles (CFM) was a multidisciplinary clinical facility established to provide comprehensive evaluation and treatment of children for whom there is a concern for abuse or neglect. The CFM, a joint effort between the CHRISTUS Santa Rosa Health System and the University of Texas Health Science Center at San Antonio, promoted health and safety of children who are at risk for, or traumatized by, abuse or neglect. CFM opened in May 2006 in response to the community's need for a comprehensive, coordinated, medical assessment of possible child abuse and neglect.

The CFM team consisted of four faculty CAPs, three CAP fellows, two social workers, four support staff, two psychotherapy doctoral candidate practicum students, and one master of social work practicum student. The team worked closely with CPS, law enforcement, and other local agencies to optimize at-risk family services to keep children safe and healthy. Comprehensive services included acute and follow-up medical evaluations for physical abuse, sexual abuse or assault, and neglect;

photo documentation; X-rays; lab work; psychosocial evaluation; physician consultations; inpatient consultations; and short-term counseling.

CHRISTUS Santa Rose Health System Children's Hospital used MedCARES grant funding to:

- Provide 145 education hours to 6,033 stakeholders through 112 trainings and presentations;
- Facilitate a CAP fellowship program; and
- Develop new clinical protocols for management of drug-exposed children.

Cook Children's Medical Center, Fort Worth

Cook Children's Medical Center, Fort Worth, Texas, created its Child Advocacy Resource and Evaluation (CARE) Team in 1994 in response to a community need for a place to conduct comprehensive evaluation of possible child sexual abuse victims. The program's mission was to provide specialized clinical care to address child maltreatment in the region and surrounding communities. The program strived to be a national model for how community-wide child maltreatment health services are delivered. Staff conducted medical interviews, medical and forensic evaluations, sexual abuse screening examinations, psychological assessments, preventive education, and multidisciplinary reviews.

The CARE Team consisted of a medical director, a program director, one nurse manager, one outreach and education coordinator, three pediatric nurse practitioners, four forensic nurses, one social worker, one clinic coordinator, and three research/grant staff.

Cook Children's Medical Center used MedCARES grant funding to:

- Coordinate medical provider attendance at multidisciplinary meetings for 25 advocacy centers covering 13 counties;
- Reach more than 34,000 Facebook users with Child Abuse Prevention Month education and prevention messaging; and
- Host 828 multidisciplinary registrants at the virtual Biennial Child Abuse Conference with presentations on child abuse and neglect prevention and recognition, abusive head trauma, safe infant sleep, and child abuse and neglect in foster children.

Dell Children's Medical Center of Central Texas, Austin

Dell Children's Medical Center's (DCMC) Child Abuse Resource and Education (CARE) team was part of the community Child Protection Team who provided comprehensive, evidence-based care to children for whom there is a concern of abuse or neglect. In addition, DCMC's CARE team provided education and resources to the community, outlying health care associates, and other child protection team members. In 2010, the MedCARES grant allowed DCMC to establish its CARE team as an available Seton network medical subspecialty and expand to an outpatient setting.

DCMC's CARE team consisted of one CAP, one pediatric hospitalist, three certified pediatric nurse practitioners, two licensed master social workers, one project analyst, a program coordinator, and a grant financial analyst.

Dell Children's Medical Center used MedCARES grant funding to:

- Review and revise all Seton health care system child abuse and neglect policies and procedures;
- Partner with DCMC Injury Prevention and Trauma Research teams to promote parent stressor education at DCMC, regional hospitals, clinics, schools, and other community sites; and
- Reach 323 individuals through April 2022 Child Abuse Prevention Month activities.

Driscoll Children's Hospital, Corpus Christi

Driscoll Children's Hospital's Child Abuse Resource & Evaluation (CARE) Team's mission was to provide comprehensive medical forensic evaluations of children for whom there is a concern for abuse or neglect. In addition to improving patient care, the team educated medical and community partners, participated in regional and state prevention activities, and collaborated in national research initiatives.

The CARE Team had two certified CAPs, five forensic nurse examiners, six licensed master social workers (two of which were also licensed clinical social workers), one medical secretary, and one medical office specialist.

Driscoll Children's Hospital used MedCARES grant funding to:

- Attend bimonthly CFRT meetings, which completed 100 percent of child death reviews in a 13-county area;
- Collaborate with birthing hospitals to educate families of newborns using the Period of PURPLE Crying education program; and
- Participate in a Texas A&M University opioid work group to enhance neonatal abstinence syndrome prevention, intervention, and treatment.

El Paso Children’s Hospital, El Paso

The Child Abuse Resources Education Services (C.A.R.E.S.) Clinic was part of El Paso Children’s Hospital, a non-profit hospital located on the Mexico and New Mexico border and the only Level 1 Trauma Center in the area. C.A.R.E.S. was the only agency providing services to children under age 17 for whom there is a concern of abuse and neglect in the far West Texas area. Patients were usually referred from CPS and law enforcement. C.A.R.E.S. provided forensic medical exams, sexually transmitted disease testing, crisis intervention, psychosocial evaluations, community referrals, crime victim’s compensation, follow-up exams, and other needed services. Staff also provided community-based child abuse recognition and reporting education and the Period of PURPLE Crying education program training to parents.

The C.A.R.E.S. Clinic team consisted of a medical director, a program director who is a Doctor of Nursing Practice, a certified pediatric sexual assault nurse examiner, a licensed master social worker, and a clinic child life specialist.

El Paso Children’s Hospital used MedCARES grant funding to:

- Co-develop and implement citywide emergency department nonaccidental trauma clinical practice guidelines;
- Participate in monthly El Paso Anti-Human Trafficking Coalition meetings; and
- Provide Period of PURPLE Crying education to all neonatal intensive care unit and intermediate nursery patients prior to discharge.

Texas Children’s Hospital, Houston

Texas Children’s Hospital/Baylor College of Medicine’s (TCH/BCM) Child Abuse Pediatrics program provided comprehensive medical evaluations of possible abused and neglected Houston children. The TCH/BCM team consisted of a senior

community initiatives coordinator, a clinical nurse coordinator, a patient care manager, a registrar, a community initiatives coordinator, an assistant professor, a senior clinical research associate, and a clinical research associate. In parallel to the clinical services, TCH/BCM had a public health professional team dedicated to developing, piloting, implementing, and evaluating child and family adversity programs.

TCH/BCM used MedCARES grant funding to:

- Expand the Child Head Injury Program to two afternoons a week;
- Launch a collaborative pediatric suicide response and prevention task force; and
- Train more than 2,000 people on suspected abuse and neglect prevention, recognition, and reporting.

Texas Tech University Health Sciences Center, Lubbock

Texas Tech University Health Sciences Center's (TTUHSC) mission was to promote vulnerable children's health and safety by providing expert medical consultation and pediatric care for children for whom there is a concern for neglect or abuse. TTUHSC also provided evidence-based child maltreatment victim mental health services. TTUHSC provided 24-hour support for CPS investigative staff and inpatient consults for a large geographic area of West Texas. TTUHSC also educated CPS workers, medical students, pediatric and family medicine residents, and faculty about medical child maltreatment aspects.

The TTUHSC team consisted of a program director who is a CAP, a foster care pediatrician, a sexual assault nurse examiner, and a program coordinator.

TTUHSC used MedCARES grant funding to:

- Present Munchausen syndrome by proxy and abusive burn injury training to 500 Covenant Children's 8th Annual Child Abuse Conference attendees;
- Develop trauma therapy, abuse recognition, sex trafficking prevention, and sex abuse prevention educational content for the TTUHSC media department and other television and radio partners; and
- Train medical students via two- to four-week child abuse elective courses, lectures, and learning modules.

University of Texas Health Science Center at Houston

The University of Texas Health Science Center at Houston's Child Abuse Resource and Education Center was housed in the Division of Child Safety and Integrated Care (the Division). In addition to medical services for suspected child maltreatment victims, the Division provided integrated psychiatric and counseling services to children, families, and caregivers thought to be at-risk for maltreatment. The Division had CAPs, nurse practitioners, child abuse pediatric fellows, and social workers. The Division's affiliation with Children's Memorial Hermann Hospital included a pediatric Level 1 Trauma Center and 24-hour pediatric emergency department access.

The Division's mission was to provide comprehensive care to suspected child abuse and neglect victims; educate future physicians, other medical providers, and the community about child abuse and neglect; and study important clinical questions. Core Division activities included hospital and integrated outpatient clinical care, an accredited child abuse pediatrics fellowship program and intensive day treatment program operation, and injury prevention initiatives.

The University of Texas Health Science Center at Houston used MedCARES grant funding to:

- Develop the Primary Injury Prevention Program that provided education and resources to CPS workers and the families they served;
- Operate month-long child abuse and neglect rotations for fourth-year medical students and third-year pediatric residents who performed supervised patient care, completed self-directed learning materials, and participated in problem-solving learning sessions; and
- Conduct the Safe Environment for Every Kid (SEEK) Parent Questionnaire with every new family and child to meet basic needs, screen for childhood depression and mental health conditions, and evaluate potential child maltreatment risk.⁹

⁹ Safe Environment for Every Kid (SEEK) is a questionnaire medical professionals use to screen parents for psychological problems that are risk factors for child maltreatment (seekwellbeing.org/).

University of Texas Medical Branch, Galveston

The University of Texas Medical Branch (UTMB) ABC Child Safety and Protection Team had a project director, a social worker, a nurse practitioner, a project coordinator, a systems analyst and web designer, a foster care specialist, and a prevention materials development specialist. The team provided comprehensive evaluations of children for whom there is a concern for abuse or neglect at the Advocacy Center for Children of Galveston County, three hospitals, and three UTMB clinic sites. Team members also performed weekly multidisciplinary case reviews with law enforcement, CPS, the district attorney's office, and advocacy center personnel.

UTMB prioritized health care provider education and preventive programs. UTMB Department of Pediatrics medical residents received specialized training and created individual educational modules for future pediatric residents and other learners, such as non-medical service providers. Additionally, senior medical students could elect to learn about prevention strategies and working as community advocates. Prevention strategies included safety message development and distribution for parents via social media, medical visits, and community events.

UTMB used MedCARES grant funding to:

- Develop a five-part, web-based adverse childhood experiences (ACEs) education material series;
- Complete planning for SEEK Parent Questionnaire implementation within pediatric primary care clinics; and
- Develop a mother's support group curriculum to educate participants on safe and effective parent-child relationships and ACEs prevention.

4. Conclusion

In fiscal year 2021, the Texas Department of State Health Services (DSHS) distributed \$3.3 million of funding to 11 Medical Child Abuse Resources and Education System (MedCARES) grant program contractors.

Funding allowed contractors to:

- Expand patient and family direct services;
- Provide trainings, outreach, and support to other medical professionals, case workers, law enforcement, the judiciary, and nonprofessionals;
- Provide accredited child abuse pediatrics fellowships;
- Improve medical evaluation and diagnosis communication;
- Implement child abuse and neglect prevention strategies and programs;
- Integrate mental health services in treatment and care plans; and
- Expand clinical capacity and operating hours.

Per [Texas Health and Safety Code, Section 1001.157](#), DSHS is only required to implement the MedCARES grant program if the department is appropriated funding for that purpose. The [2022-23 General Appropriations Act \(Senate Bill 1, 87th Legislature, Regular Session, 2021\)](#) did not appropriate MedCARES funding. Effective August 31, 2021, DSHS ended the MedCARES grant program.

List of Acronyms

| Acronym | Full Name |
|---|--|
| ACEs | Adverse Childhood Experiences |
| CAP | Child Abuse Pediatrician |
| CFM | CHRISTUS Santa Rosa Health System Children’s Hospital of San Antonio Center for Miracles |
| CFRT | Child Fatality Review Team |
| COE | Center of Excellence |
| Cook Children’s Medical Center CARE Team | Child Advocacy Resource and Evaluation Team at Cook Children’s Medical Center |
| CPS | Child Protective Services |
| CPT | Child Protection Team |
| DCMC | Dell Children’s Medical Center |
| Dell Children’s Medical Center’s CARE team | Child Abuse Resource and Education team at Dell Children’s Medical Center |
| Driscoll Children’s Hospital’s CARE team | Child Abuse Resource and Education team at Driscoll Children’s Hospital |
| DSHS | Texas Department of State Health Services |
| El Paso Children’s Hospital’s C.A.R.E.S. Clinic | Child Abuse Resources Education Services Clinic at El Paso Children’s Hospital |
| MedCARES | Medical Child Abuse Resources and Education System |

| | |
|----------|---|
| PURPLE | Peak of crying, Unexpected, Resists soothing, Pain-like face, Long lasting, Evening |
| REACH | Referral and Evaluation of At Risk Children Clinic at Children's Health, Dallas |
| SEEK | Safe Environment for Every Kid Parent Questionnaire |
| TCH/BCM | Texas Children's Hospital/Baylor College of Medicine |
| TTUHSC | Texas Tech University Health Sciences Center |
| UTHealth | University of Texas Health Science Center at Houston |
| UTMB | University of Texas Medical Branch |

Appendix A. MedCARES Designation Requirements

Medical Child Abuse Resources and Education System (MedCARES) contractors were categorized into three program levels based on the following 2009 Advisory Committee on Pediatric Centers of Excellence (Committee) report criteria: Basic, Advanced, or Center of Excellence. Since March 2019, funded MedCARES contractors must meet *Advanced* criteria at a minimum.

Advanced Criteria

The Committee's Advanced level criteria included the following:

- At least one full-time equivalent physician with experience providing child abuse and neglect medical services, one dedicated social worker or case manager, and a program coordinator;
- Comprehensive medical evaluations, psychosocial assessments, treatment services, and written and photographic documentation of abuse;
- Education and training for health professionals, including physicians, medical students, resident physicians, child abuse fellows, and nurses, relating to the assessment, diagnosis, and treatment of child abuse and neglect;
- Education and training for community agencies involved with child abuse and neglect, law enforcement officials, child protective services staff, and children's advocacy centers involved with child abuse and neglect;
- Medical case reviews, consultations, and testimony regarding those reviews and consultations;
- Research, data collection, and quality assurance activities, including the development of evidence-based guidelines and protocols for the prevention, evaluation, and treatment of child abuse and neglect; and
- The use of telemedicine and other means to extend services from regional programs into underserved areas.

Center of Excellence (COE) Criteria

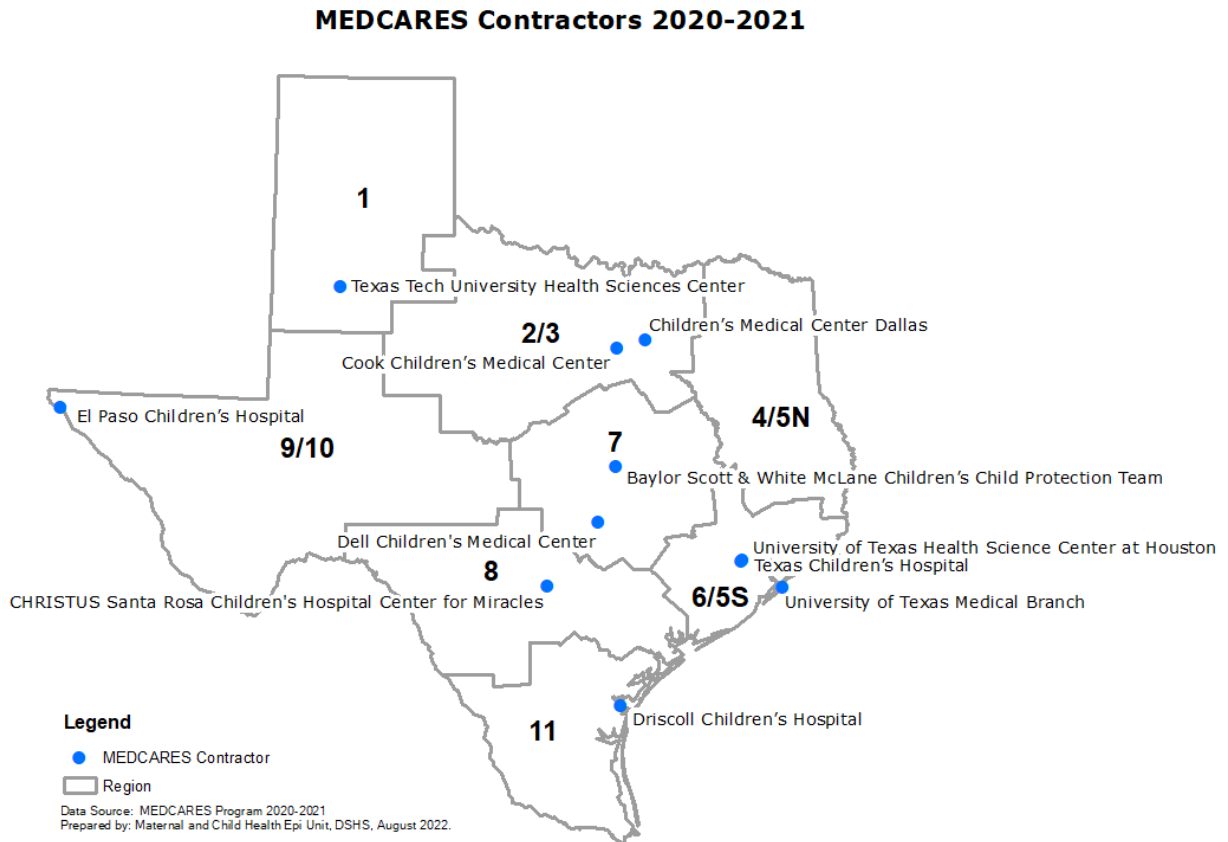
The Committee's COE criteria was the same as the Advanced level with the addition of:

- At least one full-time equivalent physician, at least two full-time equivalent board eligible/certified child abuse pediatricians, at least one full-time equivalent individual for social work assessment, and at least one program administrator;

- Increased size, volume, and support from medical subspecialties, mental health care, and counseling;
- Regional leadership on prevention - hosts conferences and task force meetings;
- Regional resource for outlying communities - outreach to community stakeholders;
- Advanced training for pediatricians interested in becoming child abuse specialists - may support a fellowship or regional/national training opportunities; and
- Recognized authority for child maltreatment research.

Appendix B. MedCARES Contractor Map

Figure 1. 2020 – 2021 Medical Child Abuse Resources and Education System (MedCARES) Contractors by Texas Department of State Health Services (DSHS) Public Health Region



Appendix C. MedCARES 2019-2021 Monthly Report Measures and Data Collection Definitions

In April 2019, DSHS developed report measures and definitions to standardize the MedCARES data collection process.

Report Measures

Evaluations

- ▶ Total number of provider face-to-face evaluation initial visits
- ▶ Total number of follow up visits

Total number of case reviews

Legal services – civil and criminal

- ▶ Total number of court appearances
- ▶ Total number of subpoenas
- ▶ Total number of affidavits written

Training and presentations

Child abuse prevention promotion activities

Data Collection Definitions

Evaluations - “A medical evaluation is a comprehensive assessment of a patient’s overall medical history and current conditions for the purpose of identifying health problems and planning treatment.”¹⁰

Visit – “includes separate, billable encounters that result from evaluation and management services to the patient and include: 1) Concurrent care or transfer of care visits, 2) Consultant visits, or 3) Prolonged physician service without direct (Face-To-Face) patient contact (tele-health). A consultant visit occurs when an Eligible Physician (EP) or other eligible professional is asked to render an expert opinion/service for a specific condition or problem by a referring provider.”¹¹

Initial – a billable encounter for professional services which is not related to a previously billable encounter.

¹⁰ Medical Evaluation: What does Medical Evaluation mean? (2018). Reviewed June 2019. Available at workplacetesting.com/definition/1468/medical-evaluation.

¹¹ Texas Medical Association. (2012). Reviewed June 2019.

Follow-up – a visit from an established patient for professional services related to an initial visit.

Case Review – a review of medical records, investigative reports, photographs, imaging, and/or additional information that results in a written medical assessment and recommendations. Does not include review of records in preparation for an in-person patient evaluation.

Court Appearance – a visit to a government entity authorized to resolve legal disputes.

Subpoena – a combination of subpoenas “A command to a witness to appear and give testimony” and subpoena duces tecum “A command to a witness to produce documents.”¹²

Affidavit – “A written statement of facts confirmed by the oath of the party making it. Affidavits must be notarized or administered by an officer of the court with such authority.”¹³

Timeline – a time period with a beginning and end date.

Training/Presentation – an informal or formal method of teaching information to an individual or individuals. Includes trainings for individuals within your organization but does not include casual one-on-one interactions. For example, you may consider a Grand Round to individuals employed by your hospital. (Contractors are asked to provide unique attendee counts.)

¹² Offices of the United States Attorneys. Reviewed June 2019. Available at justice.gov/usao/justice-101/glossary.

¹³ Offices of the United States Attorneys. Reviewed June 2019. Available at justice.gov/usao/justice-101/glossary.

Appendix D. MedCARES Monthly Reports

Table 1. Medical Child Abuse Resources and Education System (MedCARES) Monthly Report from July 2020–December 2020 (Representing 11 Contractors)

| Measure | Jul 2020 | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| Total Number of Provider Face-to-Face Evaluation Initial Visits | 781 | 809 | 722 | 804 | 778 | 733 |
| Total Number of Follow-Up Visits | 494 | 426 | 349 | 377 | 317 | 322 |
| Total Number of Case Reviews | 685 | 742 | 710 | 809 | 739 | 792 |
| Total Number of Civil Court Appearances | 12 | 10 | 13 | 11 | 15 | 14 |
| Total Number of Civil Subpoenas | 14 | 18 | 26 | 31 | 38 | 39 |
| Total Number of Civil Affidavits Written | 18 | 14 | 16 | 10 | 10 | 13 |
| Total Number of Criminal Court Appearances | 3 | 5 | 9 | 9 | 4 | 2 |
| Total Number of Criminal Subpoenas | 21 | 25 | 27 | 24 | 16 | 9 |
| Total Number of Criminal Affidavits Written | 1 | 1 | 2 | 1 | 3 | 0 |
| Total Number of Trainings/Presentations | 145 | 92 | 69 | 85 | 97 | 78 |
| Total Number of Training/Presentation Attendees | 969 | 4,212 | 866 | 1,976 | 1,225 | 903 |
| Total Number of Training/Presentation Hours | 1,214.25 | 258.25 | 93 | 80.83 | 91.75 | 74.5 |
| Total Estimated Number of Individuals Reached Through Prevention Program Activities (Sum of All Promotion Activities, Not Unduplicated) | 3,722 | 6,753 | 2,821 | 2,663 | 1,611 | 4,808 |

Source: MedCARES Program 2020-2021. Prepared by the Maternal and Child Health Epidemiology (MCHE) Unit, Community Health Improvement (CHI) Division, Department of State Health Services (DSHS).

**Table 2. MedCARES Monthly Report from January 2021–June 2021
(Representing 11 Contractors)**

| Measure | Jan 2021 | Feb 2021 | Mar 2021 | Apr 2021 | May 2021 | Jun 2021 |
|--|----------|----------|----------|----------|----------|----------|
| Total Number of Provider Face-to-Face Evaluation Initial Visits | 707 | 675 | 938 | 896 | 860 | 903 |
| Total Number of Follow-Up Visits | 356 | 312 | 430 | 354 | 270 | 371 |
| Total Number of Case Reviews | 732 | 714 | 1,099 | 1,021 | 1,028 | 1,055 |
| Total Number of Civil Court Appearances | 11 | 15 | 15 | 21 | 8 | 26 |
| Total Number of Civil Subpoenas | 32 | 31 | 38 | 30 | 35 | 44 |
| Total Number of Civil Affidavits Written | 18 | 14 | 25 | 13 | 7 | 15 |
| Total Number of Criminal Court Appearances | 3 | 3 | 10 | 11 | 17 | 20 |
| Total Number of Criminal Subpoenas | 26 | 21 | 42 | 39 | 46 | 82 |
| Total Number of Criminal Affidavits Written | 1 | 1 | 3 | 0 | 1 | 5 |
| Total Number of Trainings/Presentations | 90 | 77 | 135 | 105 | 88 | 87 |
| Total Number of Training/Presentation Attendees | 1,346 | 848 | 1,785 | 4,340 | 1,305 | 962 |
| Total Number of Training/Presentation Hours | 112.75 | 117 | 190 | 157.5 | 136.75 | 158.25 |
| Total Estimated Number of Individuals Reached Through Prevention Program Activities (Sum of All Promotion Activities, Not Unduplicated) | 2,948 | 2,060 | 27,548 | 157,992 | 22,137 | 1,524 |

Source: MedCARES Program 2020-2021. Prepared by the MCHE Unit, CHI Division, DSHS.

**Table 3. MedCARES Monthly Report from July 2021–August 2021
(Representing 11 Contractors)**

| Measure | Jul 2021 | Aug 2021 | Jul 2020- Aug 2021 Grand Total |
|--|-----------------|-----------------|---|
| Total Number of Provider Face-to-Face Evaluation Initial Visits | 821 | 780 | 11,207 |
| Total Number of Follow-Up Visits | 365 | 339 | 5,082 |
| Total Number of Case Reviews | 983 | 912 | 12,021 |
| Total Number of Civil Court Appearances | 15 | 13 | 199 |
| Total Number of Civil Subpoenas | 29 | 23 | 428 |
| Total Number of Civil Affidavits Written | 12 | 12 | 197 |
| Total Number of Criminal Court Appearances | 22 | 19 | 137 |
| Total Number of Criminal Subpoenas | 73 | 67 | 518 |
| Total Number of Criminal Affidavits Written | 1 | 3 | 23 |
| Total Number of Trainings/Presentations | 113 | 111 | 1,372 |
| Total Number of Training/Presentation Attendees | 769 | 1,645 | 23,151 |
| Total Number of Training/Presentation Hours | 214 | 285.5 | 3,184.33 |
| Total Estimated Number of Individuals Reached Through Prevention Program Activities (Sum of All Promotion Activities, Not Unduplicated) | 1,237 | 2,263 | 240,087 |

Source: MedCARES Program 2020-2021. Prepared by the MCHE Unit, CHI Division, DSHS.